

CHEMIST & DRUGGIST

The newsweekly for pharmacy


November 12, 1994



New Cool
Lemon Lemsip.

Here's a breath of fresh air for your cold suffering customers. New Cool Lemon Lemsip. A pleasant tasting, slightly sparkling lemon drink mixed with cold water for a refreshing alternative to standard Lemsip. With all the benefits of paracetamol, an effective decongestant, and added vitamin C. When your customers' temperatures are up, it'll help them keep their cool.



Ingredients: Each Sachet: Paracetamol EP 650mg; Phenylephrine Hydrochloride BP 10mg; also contains Vitamin C 50mg; sugar (approx 1.3g) and citric acid. **Uses:** Relief of the symptoms of the common cold and flu. **Dosage and Directions:** Adults and children over 12 years: one sachet dissolved in 100ml water, every 4 hours, but not more than 4 doses in 24 hours. **Children under 12:** not recommended. **Contra-indications, warnings etc:** Paracetamol is normally well tolerated with only rare allergic reactions such as skin rashes, urticaria (hives), or itching. It should be used with caution by patients with renal disease or liver dysfunction. Including other medicines, the total daily dose of paracetamol should not exceed 4 grammes. Phenylephrine may interact with antihypertensives. It should not be used by patients suffering from severe coronary heart disease or hypertension. Not to be used by patients recently taking MAOI drugs. Caffeine may induce nausea, headaches or insomnia. In pregnancy; use only on doctor's advice. RSP £1.65. at September 1994: £1.65. PL44/0166. Cool Lemon, Lemsip, and  are trademarks. Further information from Reckitt & Colman Products Ltd, 1000, (26/09/94)

DoH speaks on locally devolved pay

Council opposes but doesn't stop lottery sales

NPA stress-line for pharmacists

C&D spotlights margin assault

Boots opening 50 stores a year



Shopfitting for access for all



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keep Kalms on the counter



Please always ask your customers to read the label



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Comment

This week *Chemist & Druggist* takes its annual look at the shopfitting market, picking up on some of the latest equipment and merchandising and layout techniques on offer, but highlighting examples of excellence.

The leading articles sets out how to make pharmacies readily accessible to people with disabilities, in wheelchairs and, *de facto*, people pushing prams. While owners of smaller pharmacies might be tempted to say that they have not got enough space to comply with the recommendations on p786, the classic rule of thumb with shopfitting is to create the illusion of space to attract all customers. This will mean lowering island gondolas, removing free-standing displays in aisles, using counter space creatively and profitably, all the while maintaining tidy facings of the products that matter to your customers.

Standards of retailing up and down the High Street are increasing year by year. The performance of Boots the Chemists this week (p796), in putting on a sales increase in health, beauty and personal care lines of almost 9 per cent, much above the rate of inflation, is not simply down to their ever-increasing number of shops, but to quality display and merchandising. The independent can match and pass the multiple, but only if the 'stall' is properly set

out. When personal service is thrown in to match the personalised shopfit, it should be game, set and match.

Xrayser's concerns (p771) about losing identity when taking on the full trappings of a voluntary trading organisation will be echoed by many independents, but perhaps they should consider their motives and prejudices in much the same way as our redoubtable correspondent is claiming so to do. Individualism and personality can shine through VTO branding while taking the benefits offered — the better Unichem, Vantage and Numark pharmacies are cases in point. Pharmacies will only access the buying power, the marketing support, and the own-branding of a multiple if they access them through VTOs. Numark has yet to prove it can deliver in its new retailer-led guise, but Unichem and Vantage have proved that they can work for the independent, despite the complication of their ever-expanding retail arms.

So, perhaps it is time to draw a little inspiration from the core of the winning entries in the *Chemist & Druggist*/Whitehall Fit for the Nineties Shop Awards in the shopfitting feature (see also C&D, August 28, p338) as well as considering, with Xrayser, the options of flying solo or in formation, performing the odd stunt of one's own...

DoH gives lessons in purse string holding

The Department of Health is to issue guidance on how family health service authorities should spend their locally-devolved 1.5 per cent.

In a draft letter to FHSA nationwide, the Department of Health has proposed payment based on existing fees for pharmacists conducting 'out of hours services' and those offering advice to nursing homes.

Pharmacy side-lined in script saving scheme

West Sussex pharmacists playing a central role in a GP prescribing incentive scheme are being paid just one per cent of the 'cut' GPs receive for making savings.

The scheme, which kicked off in April and will run until the end of March 1995, sees GPs keep up to a maximum of £3,000 per partner for savings accrued through cost effective prescribing, while pharmacists, who have been acknowledged as central to the plan, receive a 'consultation fee' of £30.

The scheme works by rewarding GPs for meeting drugs bill savings targets of 1-3 per cent, depending on the size of the practice.

To qualify for payment, GPs must also: increase generic prescribing levels by 5 per cent or to 60 per cent of all prescribing (whichever is closer); institute written repeat prescribing policies (which includes seeing 80 per cent of repeat prescription patients in a 12 month period); carry out self-audits of repeat prescribing and meet with local community pharmacists at least four times a year.

Ray Lyon, prescribing advisor at West Sussex FHSA notes that, since the launch of the scheme, the FHSA is on target to return a drugs bill overspend of 3 per cent below the national average.

However, there are no plans to up pharmacists' payment. Says Mr Lyon: "GPs have to do all the work to make these sorts of savings in terms of changing their practice and still may not make any savings. We feel it is a reasonable reward." In addition, GPs must re-invest any remuneration under the scheme into their practices, he notes.

"The £30 to pharmacists is, however, a no strings attached payment," made independent of GPs reaching their targets, he says.

A third area — advice to prescribers — was to have been included but that will be limited to a pilot trial.

Under the new pay plan, hours of service will be divided between: • 'normal agreed hours', ie, 9.00 to 5.30 or 9.00 to 6.00 opening, five and a half or six days a week. • 'additional hours', ie, those hours which may be negotiated beyond normal hours in order to provide appropriate patient services.

The extension of services to residential homes to include nursing homes is not without problems.

The Pharmaceutical Services Negotiating Committee considers that there should be additional money attached to this additional service, rather than accept that it should be paid for from the global sum. "This is not a Luddite approach by an intransigent PSNC," argued Committee sec-

etary Steven Axon at last weekend's NPA conference (for further details see p782).

The Department's guidance places no further restriction on local level negotiations other than the local budget itself.

The 1.5 per cent offered to FHSA is smaller than expected, however, it has been described as a 'considered' approach to the first year of locally-devolved pay. In previous discussions, figures as high as 20 per cent have been mooted although 2-3 per cent of the global sum was considered a more appropriate target.

In response to the terms of the guidance, PSNC is considering whether to seek a small increase in the offered terms.

The Committee will also advise local pharmaceutical committee's on the points raised in its own guidance document which, it is hoped, will be circulated with the Department's final offer.

Pharmacists highly rated in Readers Digest survey

Over half the adults in a recent survey felt 'very confident' using pharmacists as a source of medical information.

Pharmacists, mentioned by 53 per cent, were second only to doctors in whom 62 per cent of those questioned had confidence. Nurses were rated third as a source of information, followed by pharmacy assistants (24 per cent).

Pharmacists were rated highest by the under 35 age group — with 60 per cent very confident in them as a source of medical advice. C2DE adults rated pharmacy assistants and friends or family more highly than did the population as a whole.

Just over half (51 per cent) of those surveyed disagreed that more medicines should be available without prescription — typical comments were "doctor knows best" or that pharmacists were likely to put commercial considerations first. But the 43 per cent who wanted to see more OTC medicines gave favourable comments such as "pharmacists are very good these days".

These findings came from the PRISM '94 survey (progressive research into self-medication) carried out for *Reader's Digest* by BRMB, who interviewed 2,000 adults.

The most common ailment was colds, followed by headaches, cough, back pain and period pain.

Headache sufferers were the most likely to self-medicate

rather than consult a doctor (80 per cent) but only 1 per cent of those who did were likely to ask a pharmacist or pharmacy assistant for advice. In contrast, almost half of the 56 per cent who self-medicated for coughs asked pharmacy staff for advice.

Hayfever was another condition for which sufferers commonly sought advice from pharmacy staff (21.2 per cent).

Pharmacies were the most popular source of medicines for sufferers of the top five most common ailments. Those who self-medicated for colds bought a remedy mostly from Boots (30 per cent) or other pharmacies (48 per cent), as did those who treated headaches (Boots 29 per cent, other pharmacies 35 per cent), coughs (Boots 32 per cent, others 51 per cent), back pain (Boots 33 per cent, others 47 per cent) and period pain (Boots 31 per cent, others 37 per cent).

Most people in these groups had already decided what product to buy when they visited the shop. Ninety per cent of those with colds knew which product they wanted and the corresponding figure for headaches was 96 per cent, and for coughs 72 per cent.

Other conditions for which most sufferers bought medicines rather than consulting a doctor were athlete's foot (79 per cent), dandruff (73 per cent), heartburn (62 per cent), migraine (62 per cent), period pain (61 per cent), mouth ulcers (51 per cent) and acid stomach (50 per cent).

Scots take softer line on FP10 policing

The standing committee of the Scottish Pharmaceutical General Council has taken a softer line on FP10 policing than its English counterparts.

In its committee report, the SPGC notes "strong reservations" about the notion of pharmaceutical and medical services checking the validity of prescription charge exemption claims but "decided that in future remuneration discussions, any responsible and reasonable suggestions would be considered".

The Pharmaceutical Services Negotiating Committee, however, rejected the notion outright.

The reason for the softer line, says SPGC chairman Andrew Taylor, is more an "acceptance of reality. Pharmacists are going to have to be involved", he says.

"If we are going to be involved, it is better to be in there, to see what can be done and see what's practical and cost effective. We would like to see if we can make it more workable and pharmacist friendly, rather than just flinging up our hands and saying 'No, we won't discuss it'."

• SPGC has also considered the remuneration offer for pharmacists participating in the national welfare milk token redemption scheme and has voted it "inadequate and unsatisfactory". However, it is still anxious to remain in discussion with the Department.

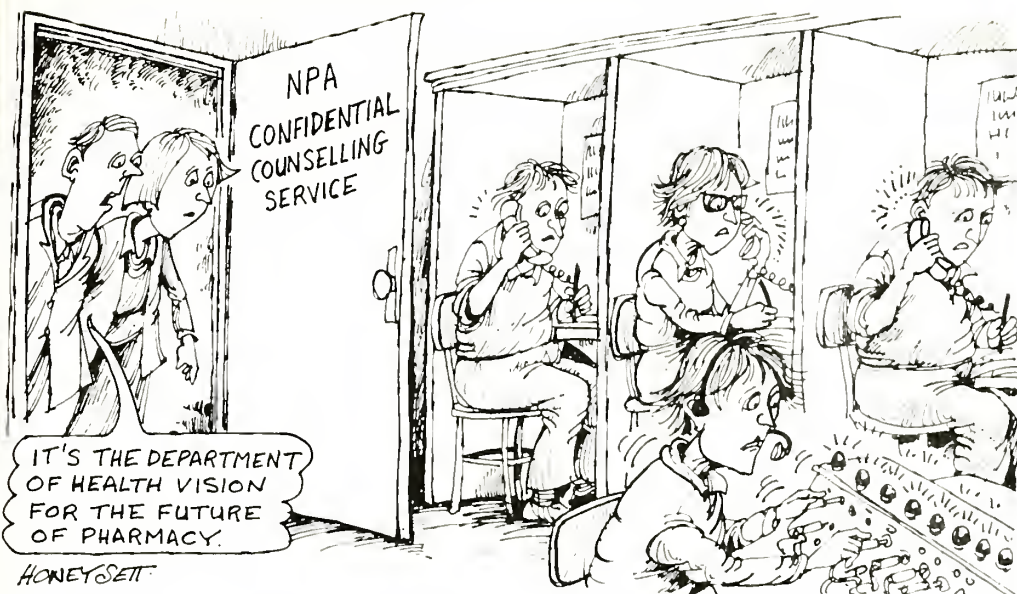
Mike Hadley moves into politics

Mike Hadley MRPharmS of Droitwich-based Hadley Hutt Computing has been elected prospective parliamentary Liberal Democrat candidate for the Dudley West constituency.

In his message to voters, Mr Hadley, who registered with the Society in January 1967, says that "very soon local people will have a chance to give their verdict on Government. They can send a message to John Major about VAT on fuel, rising crime and the future of the health service."

Mr Hadley is chairman of Droitwich-based Hadley Hutt Computing and has been a community pharmacist for 20 years. He believes that pharmacists are currently "an underused resource who should be at the very forefront of the health profession."

"The Government expects pharmacists to do too much for nothing."



NPA comes to aid of 'stressed out' pharmacists

The National Pharmaceutical Association is planning to set up a 24-hour confidential telephone help line for pharmacists suffering from stress.

The money has been set aside in next year's budget, and a professional agency has been selected to operate the service. The NPA Board will decide whether to press ahead at its meeting later this month.

"My gut feeling is that it will be very well patronised," director Tim Astill said at the NPA's North West Conference in Warrington

on Sunday (see p782).

The Association is very aware of the isolation of proprietor pharmacists. "You are on your own, there is not the contact with other professionals as there might be in a hospital environment," said Mr Astill.

The help line could also be a powerful lever to use in negotiations with the Department of Health, since it could provide evidence of the working conditions in modern pharmacy.

"If we introduce the service we

will receive a regular statistical report about the extent to which pharmacists have made use of it," said Mr Astill. "The pressure of the job is greater than ever before, the money is less in percentage terms than it ever has been. All this adds up, with the increasing volume of legislation and regulation, to give an indication of how hard the job is."

The NPA receives 8,500 calls a week from members seeking general advice. "That is a measure of members' dependence on NPA services," Mr Astill said.

ALPS looks to negotiate

The Association of Local Pharmaceutical Secretaries is to host its first run of negotiating training days.

The series represents ALPS' first public achievement since its official launch in July and will centre on helping LPC secretaries to develop successful negotiating and presentation skills.

The dates and the venues are November 30 at the Novotel hotel, Coventry, and December 9 at Enfield and Haringey FHSA offices, Barnet, Herts. It is hoped that further seminars can be arranged in the South West and the North early in the new year.

According to Jean Rothwell, ALPS secretary, the series has been demand-driven by members. It is hoped that about 15 secretaries will attend each seminar after which training packs covering the salient points will be available.

ALPS now quotes a 50 per cent subscription among LPC secretaries and has further training in office skills planned. "FHSAs and the Social Services have all been trained in negotiation and we are at a disadvantage as we are not. We are not on the same playing field. Training will bring LPC secretaries onto the same negotiating level and will put them at an advantage to those who haven't joined up."

"This is not an area in which LPC secretaries can afford to lag behind," she said.

Five new Welsh health authorities

Welsh district and family health services authorities are to be slimmed from 17 to five.

Secretary of State for Wales, John Redwood, announced last week that the reorganisation will see the merger of district and family health services authorities by April 1996, subject to legislation, and will save an estimated £3 million a year.

Mr Redwood says he aims to reduce management and administration costs in favour of "spending on direct patient care". A reduction in "management overheads" will form the bulk of

the £3m savings, although the Welsh Department of Health would not be drawn on how many jobs will be lost following the restructuring.

The new authorities are:

- North Wales — combining Gwynedd and Clywd
- Mid Wales — combining Powys, Dyfed and Pembrokeshire
- West Glamorgan — plus the unitary authority area of Bridgend
- Gwent — plus the unitary authority area of Caerphilly
- South Glamorgan and the remaining parts of Mid

Glamorgan will be combined in one authority.

The new authorities will complement the newly devised unitary councils which also come into effect in April 1996. These replace the old county and district councils.

- A two-year study which will examine the changing role of employees, following the restructuring of regional health authorities, has kicked off in South Thames, Anglia and Oxford RHAs. Each RHA is providing £20,000 funding for the first year of study.

Joint funding for training

Redbridge and Waltham Forest Local Pharmaceutical Committee and the local Family Health Services Authority have joined together to fund courses in health promotion training.

The on-going programme, funding for which possibly runs into tens of thousands of pounds, takes in areas such as assertiveness, stress management, communication skills, health promotion and healthy eating in pregnancy. 50 pharmacists will be involved and grants for locum fees are available from the FHSA.

"Pharmacists are in a key position to give advice on health promotion and disease prevention," says LPC spokesman Mr Mo Khan.

Pharmacists' training will be co-ordinated with that provided for other primary health care professionals, "to ensure a consistent message and a common approach", he says.

This scheme is the first tranche in a series of other activities currently under negotiation.

PSNC launches LPC support programme

The first PSNC-sponsored course for LPCs on negotiation skills will be run in January and February 1995.

Carried out on a regional basis the course will be for two members from each LPC and will be limited to small groups to allow intensive training and role play. The course will be sponsored, so there will be no cost to LPC members attending.

The dates for the negotiating skills course will be sent to LPCs shortly as will details of other courses in the pipeline which include preparing bids for local funding and business plans.

PSNC recognises that it has a growing responsibility to support and provide back-up for local negotiations, and to co-ordinate NHS pharmaceutical services.

The second element to PSNC's

support programme is what is claimed to be the most comprehensive database available on local initiatives and activities. LPCs looking to negotiate an initiative will be able to get information about similar schemes and details of fees that are paid elsewhere.

PSNC will also be producing an LPC newsletter giving details of activities in other LPC areas.

Pharmacist must co-operate to facilitate seamless care

Within the profession there is a need to develop partnerships between community pharmacists and hospital pharmacists to facilitate seamless pharmaceutical care says chairman of the United Kingdom Clinical Pharmacy Association Linda Stevens.

There is also a need to develop these partnerships between community and academia and hospital and academia to develop and strengthen research and education in pharmacy, she told the UKCPA Progress in Practice Symposium. Professional partnerships must also be developed with other professionals to ensure we are able to grasp the opportunities that may be open to us.

●**BP monitoring** Ian Smith, Boots teacher-practitioner at Bradford University, examined the blood pressure monitoring service which was implemented by Calderdale LPC. The LPC received a grant from Yorkshire Regional Health Authority.

The 24 pharmacies that

returned their records advised 77 patients to visit their GP, 41 of whom had previously been diagnosed as having hypertension. Over a quarter of the patients tested were currently being treated for hypertension by their doctor.

Less than 2 per cent of the patients tested were of Asian or Afro-caribbean origin which was of concern as ethnic minorities constitute 8.6 per cent of the local population.

The study showed that people are prepared to use pharmacists for blood pressure measurement and that the service was useful in detecting worsening or newly identified hypertension.

●**Self audit of repeat prescription monitoring** Mike Allwood and a team from the Academic Practice Unit at the University of Derby looked at the process of repeat prescription monitoring, and how audit may be used to improve the service that patients receive.

Some 30 per cent of the

prescription items were prescribed with incomplete directions. A slightly greater proportion of prescriptions for patients under 19 contained incomplete prescriptions than those for men over 65 and women over 60.

Prescriptions for oral medication contained more complete directions than prescriptions for creams, ointments, inhalers, dressings and injections, which were prescribed with incomplete directions in more than 50 per cent of occasions.

This data can be used to define, with medical colleagues, criteria and standards for the directions on repeat prescriptions. This model could also be used for other areas where pharmacists can make a major contribution to clinical audit in the community working with GPs.

●**Noel Dixon** from Dixon and Spearman Ltd, Stanley was awarded the Glaxo prize for the "Best contribution from community pharmacy".

£20m cost of pharmacist fraud denied by Audit Commission

The Audit Commission refutes claims that it has uncovered a pharmacist-led £20million-a-year prescription fraud.

Mystery surrounds the quoted £20m figure, said to have originated from a forthcoming Audit Commission report on prescription fraud. "We do not make any estimation like that at all [in the report]. We have not made any attempt at global figures," says a Commission spokesman.

The denials also come in the wake of a report in *The Independent* which says the Commission has evidence of

"complicity" among GPs and pharmacists in allowing ineligible patients to claim exemptions.

The National Pharmaceutical Association's head of public affairs, Colette McCreedy, believes the story has been blown out of proportion. "The Audit Commission document runs to some 116 pages, and only five pages concern pharmacy.

"As yet, no-one has given us any evidence that pharmacists are heavily involved in this type of fraud," she adds.

The Audit Commission report will be published on December 1.

RPA elects committee

The Rural Pharmacists Association has re-elected its current management committee.

Peter Curphey remains chairman, Jack Knight, vice-chairman, Stanley Bubb, treasurer and Dennis Millington, secretary.

The Association has voted to hold a conference in 1995 after proposals to hold a 1994 conference at the end of November, were abandoned. This was due to a lack of "burning issues affecting rural pharmacy", says Mr Millington. The Clothier loophole (*C&D*, September 10, p380) was not a subject for conference, he says. Conferences will now be held every two years.

Save now — and pay later

Pharmacists should look beyond pay and develop their role in the primary care team now.

For if they can't prove their added value to the Government now, then remuneration will never be forthcoming, warns Mike Rudin, superintendent pharmacist at Tesco.

This bleak forecast for pharmacy coincides with a survey highlighting consumers' very high expectations of modern pharmacy.

The survey into the changing role of the pharmacist concludes pharmacists are now almost as likely to be the first port of call for

minor ailments as GPs.

Consumers and pharmacists also believe that preventative health promotion should become the responsibility of the pharmacist, while:-

●**Four in five** consumers would like to see repeat prescription services through pharmacy

●**The majority** of consumers — and pharmacists — also feel that pharmacists should take the responsibility for collecting and delivering prescriptions for the elderly, housebound or isolated.

Despite the willingness of pharmacists to participate in health promotion, some feel

themselves prevented by financial constraints, such as the costs associated with taking time off for training, says Mr Rudin.

However, "pharmacists should put the money up front, if they are to reap long term gain", he says.

●**Tesco** is currently evaluating the results of a 'travel service' pilot, in which customers received while-you-wait, customised travel information. The pilot ran in three of Tesco's 110 pharmacies and may be rolled out nationwide. Tesco is also trialling repeat prescription dispensing in five stores.

Scottish costs

Scottish pharmacists and appliance suppliers dispensed 4,190,319 prescriptions in August incurring ingredient costs of £31,356,072 and gross costs of £37,777,403.

NI Blacklist

The General Medical and Pharmaceutical Services (Amendment) Regulations (NI) 1994 brings the Northern Irish Selected List in line with that of England & Wales and that of Scotland.

In-store vaccinations

PSNC is to consider pharmacy vaccination programmes at its next meeting. More details will be available next week. PSNC has also scheduled a series of MP lobbying lunches for the end of November and early December.

Act bypasses PMRs

Pharmacy- and GP-held computer records are exempt from Section 161 of the Criminal Justice Act which makes it an offence to "procure the disclosure of computer-held personal information." This only refers to data on police computers.

BP review at RPSGB

The RPSGB has commissioned the British Thoracic Society to review its blood pressure measurement guidelines, following independent review (*C&D*, November 5, p734). Findings will be presented at the next Council meeting.

S Thames mergers

South Thames RHA has recommended the creation of three health authorities, following the merger of district health authorities. These are: Eastern Surrey HA (mid Surrey and east Surrey), Western Surrey HA (north west Surrey and south west Surrey) and west Sussex (mid Downs, Chichester and Worthing).

Script charge £5?

Prescription charges are set to rise to £5, claims *The Independent*. Although the increase will not be announced until next spring, it will be included in the Department of Health's spending figures released with this month's budget statement, says the report. A DoH spokesman said: "I have no idea about prescription charge increases."

Irish moratorium

The Irish Pharmaceutical Union is pushing for a moratorium on pharmacy openings following a dramatic increase in numbers over the past year. The situation is believed to be prompted by pharmacists anticipating possible control of entry regulations in a new Pharmacy Bill.

Steroid supply outlawed

Anabolic steroids are to be designated a class C drug by the Home Office in a bid to cut out illicit trafficking.

The proposals, when passed through secondary legislation and implemented in the new year, will make it a criminal offence under the Misuse of Drugs Act 1971 to produce, supply, possess, import or export steroids, with the intent to supply, without the relevant authority.

Suppliers could face a £2,500 fine and three months' imprisonment on summary conviction, and five years in prison plus unlimited fines on indictment.

Initially, possession remains beyond the jurisdiction of the regulations, although the Home Office intends to "keep under review the effectiveness of the new controls in tackling supply and trafficking of anabolic steroids. If it proves necessary we will consider even tougher measures".

Drugs found in skip

Pharmacist Raza Ali Virji, of Moseley, Birmingham, was let off by the Royal Pharmaceutical Society's Statutory Committee on October 18, after two sacks of painkillers, tranquillisers and sleeping tablets were found by a council waste inspector in a roadside skip. They had been dumped there by an assistant.

Mr Virji and his pharmacist wife jointly own R & R Pharmacies in Ladywood and Springhill.

On July 30, 1993, Mr Virji was fined £1,000 with £848 costs after pleading guilty at Birmingham magistrates court to an offence under Section 33 of the 1990 Environmental Protection Act. "The conviction concerned a substantial quantity of pharmaceutical medicines being thrown into a skip, two miles from the Springfield pharmacy," Josselyn Hill, representing the Society, told the Committee.

Mr Virji's assistant had dumped them there instead of locking them away because he was in a hurry to leave.

Committee chairman Gary Flather QC gave Mr Virji credit for accepting his responsibility and being totally honest throughout the proceedings. He said he was satisfied, along with the rest of the Committee, that nothing similar would occur in the future.

"Although we find the conviction proved, this Committee will take no further action in the matter," said Mr Flather.



Getting set to go with Numark, or ...?

Numark has finally announced its plans for doing what I have long advocated as being its — and the independents — last chance for salvation. I know many opinions have been expressed but, as an independent, I feel this initiative is sufficiently important that I am justified in adding my thoughts to the debate.

There appears to be universal agreement that the independents have very little choice if they are to prevent the inexorable march of the multiple, but fine words from the uncommitted are less easily translated into action on the ground. I have to be convinced that the proposal I am being presented with will not only provide me with long-term stability, but will also be a sound financial investment.

Comparisons have been made with Unichem before it was floated on the stock market, but the Numark proposals are fundamentally different in that Unichem was built up from scratch, and always owned its own means of distribution, whereas Numark will rely on the continuance of a network of independent regional wholesalers.

This may work successfully in areas where those

wholesalers can be used reasonably as the main or sole source of supply, but there are many areas of the country where this is not possible. Here the disadvantages of operating a dual wholesaler discounting system may be greater than the advantages of the increased benefits of Numark shareholding.

I wish in my heart for this Numark initiative to succeed, but my brain advises caution. I am not yet sufficiently committed to a single wholesaler or own-brand trademark to rush headlong down the road of total commitment, but it is that that will be required for this new Numark to succeed.

My independence, however, is also my identity and total commitment may mean the suppression of that in exchange for corporate survival.

But it is early days and the first flush of jingoistic enthusiasm will soon pass. Numark is wisely organising a series of road shows and publishing a full proposal document. It is essential that I go to a road show and then settle down for a long heart-to-heart with my accountant over Numark's proposals and my own business ambitions before I make a definite decision. In the fullness of time, the caution advised by my brain may be proved correct, but business is also a lottery and perhaps a little flutter of the heart is what I really crave.

NHS nit-picking over headlice

The problem in East Sussex over the bulk prescribing of headlice lotions is not unique (*C&D* November 5, p733) and, only this week, I have had a lady complaining that it is ridiculous to be issued with seven separate prescriptions for identical bottles of headlice lotion, with five exempt, and charges of £9.50 for the others.

I carefully explained the reason behind this apparent

lunacy, but eventually had more in common with her argument than my own justification. If it makes good public health sense to treat the whole family, then that treatment should be free of charge and in sufficient economic quantity to ensure complete compliance and eradication within the family.

Headlice is a perennial and growing problem. Our priority should be to treat it as efficiently as possible, and the present antiquated rules do nothing to achieve this aim. It cannot be beyond the skills of the Pharmaceutical Services Negotiating Committee and the Department of Health to agree a family dispensing fee, which would allow the unrestrained treatment of this unnecessary scourge.

Pagan rites from Yardley

Not only is Christmas the time of good cheer, but it is also the season of pantomime, when fantasy and reality become so intertwined that it is often difficult to distinguish between the two. This happened in the shop last week when, displayed on the perfume counter, I saw a stand full of Pagan perfume.

Here was an obvious case of fantasy, because I knew that Pagan no longer existed. Had I not said so in these columns without any denial from Yardley? Had not many of my customers reached a similar conclusion after writing to Yardley? Yet when I approached the counter there was Dottie with a smug smile and, yes, the Pagan was real!

When I last enquired, I was informed that the Pagan market only existed in the independent sector and that this was too small to make production economic. Now, as if by magic, it reappears.

I am becoming angry and my customers frustrated. This one-off system of occasional promotions may suit Yardley, but I am unable to plan my buying and customer loyalty is being unreasonably stretched. Neither of us any longer expects a full perfume and toiletry range, but is it too much to ask that Yardley maintains some continuity of supply throughout the year?

Topical REFLECTIONS

Scriptspecials

Novo Nordisk to simplify insulin range by April 1995

Novo Nordisk has decided to simplify its insulin range by eliminating duplicate products and by making product names consistent. The company aims to complete the simplification programme by the start of April, 1995.

In addition, it is updating its manufacturing facilities so that all human insulins (except Human Velosulin) will be manufactured using the latest genetically engineered production.

Since the merger of Novo and Nordisk in 1989, the company has continued to manufacture the full range of both businesses' insulin. This has led to duplication within the range, as well as a number of product names for the same insulins in

different presentations.

The most important changes will be to the semi-synthetic insulins, Human Mixtard 30/70 and Human Insulatard, which will be genetically engineered from April, 1995. The insulins will then be known as Human Mixtard 30 ge and Human Insulatard ge. Patients who are switched from a semi-synthetic insulin to a genetically engineered product should be advised to monitor their blood glucose regularly during the transition period.

The company has also taken the decision to discontinue its two 50/50 premixed insulins in vials (Human Initard 50/50 and pork Initard 50/50). The company has suggestions on how patients can combine component insulins to replace these two products.

All other changes merely relate to the names of products.

• Human Actraphane 30/70 and Human Protophane will become Human Mixtard 30 ge and Hum-

an Insulatard ge respectively.

• PenMix 30/70 Penfill and PenMix 30/70 will become Human Mixtard 30 Penfill and Human Mixtard 30 Pen.

• All other PenMix ratios will be known as Human Mixtard.

Novo Nordisk has produced a comprehensive information package for healthcare professionals to ensure a smooth transition. Colour-coded charts detailing the old and new ranges are being sent out to all healthcare professionals. From November 7, they can contact the Novo Nordisk Medical Information department using a Freephone number (weekdays, 9am-5pm). **Freephone 0800 242410.** A pre-recorded information line can also be contacted for further information using **Freephone 0800 834596.**

Patients affected by the changes will be alerted using pack flashes and information leaflets. **Novo Nordisk Pharmaceuticals. 0293 613555.**

Slozem capsules

Slozem, the once daily, sustained release formulation of diltiazem, will be available from November 17. Slozem is available in 120, 180 and 240mg capsules and the basic NHS prices for a blister pack of 28 are £7.00, £9.24 and £9.80 respectively. According to the manufacturer, Slozem is the least expensive once-daily formulation of diltiazem.

Although Lipha holds the product licence for Slozem, the product will be marketed by **E Merck Pharmaceuticals. Tel: 0420 564011** and **Lipha Pharmaceuticals Ltd. Tel: 0895 449331.**

Ceftazidime from Lilly

The 'third-generation' cephalosporin, ceftazidime, is now available from Eli Lilly under the brand name Kefadim. It is administered parenterally and is indicated in the treatment of infections, including lower respiratory infections, urinary tract infections and septicaemia, when the infection is due to susceptible micro-organisms.

Ceftazidime is a semi-synthetic, betalactam, bactericidal against a wide range of gram-

negative organisms including strains resistant to gentamicin and other aminoglycosides. It is active on gram-positives.

Kefadim is supplied as a sterile dry powder in single dose vials containing 500mg (10 × 10ml, £4.95), 1g (10 × 20ml, £9.90), and 2g (50ml × 10, £19.80) ceftazidime. Kefadim also comes as a sterile dry powder in 100ml vials for infusion, containing 2g ceftazidime (£19.80). **Eli Lilly & Company Ltd. 0256 473241.**

Litarex availability

Supplies of Litarex (lithium citrate) can be obtained from Dumex on a named patient basis, free of charge, for a period of approximately three months.

There has been a Litarex shortage in the UK and the company has responded by obtaining Nordic stock which can only be supplied on a named patient basis.

Pharmacists wishing to obtain supplies should provide the necessary details to Mrs A Farrow at the company. The product will be despatched within 48 hours.

Dumex Ltd. Tel: 0442 890090.

AAA spray back

Rhône-Poulenc Rorer has re-introduced AAA Mouth & Throat Spray. The product can be prescribed on a FP10 or sold over the counter. Its active ingredient is the local anaesthetic benzocaine. The basic NHS price of the 60-metered-dose spray is £2.23. **Rhône-Poulenc Rorer Ltd. Tel: 0323 534000.**

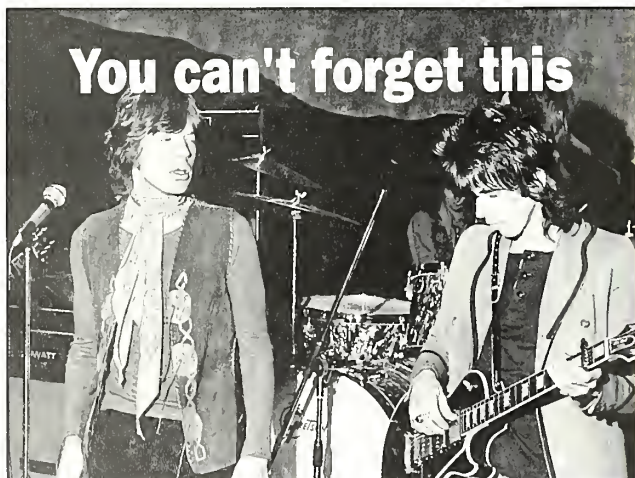
Erythromid range

Abbott is dropping the brand name from its Erythromid range and labelling all of the packs as 'erythromycin tablets BP'.

Erythromid DS tablets have already been changed to erythromycin tablets BP 500mg, and Erythromycin IV lactobionate 1g to Erythrocin IV lactobionate 1g. **Abbott Laboratories Ltd. Tel: 0795 580099.**

Typhoid vaccine

Evans Medical says, due to manufacturing and licence transfers, Typhoid Vaccine BP (Monovalent) will go out of stock at the end of November, but should be available again next April or May, in time for the summer 1995 peak travel season. In the meantime, Evans can supply its oral typhoid vaccine (strain Ty21a). **Evans Medical Ltd. Tel: 0345 451500.**



You can't forget this

Don't forget this

alfacalcidol
1 mcg x 100 caps



pack sizes: 0.25mcg x 100 capsules
1mcg x 30 capsules
NEW 1mcg x 100 capsules

Date of preparation: October 1994 © Registered trademark of TEVA Pharmaceutical Industries Ltd. POM PMA/051/1094



MULTI-SOURCE PRODUCTS

Further information is available on request from
Du Pont Pharmaceuticals Ltd,
Avenue One, Letchworth Garden City, Hertfordshire SG6 2HU

WHY YOUR CUSTOMERS COUNT ON MEDISED



chickenpox

3 colds & Flu

2

1 Helps Restful Sleep

Medised is a unique enhanced paracetamol suspension containing the antihistamine promethazine hydrochloride. Its tried and trusted formula can be safely recommended for the symptomatic relief of pain and fever associated with infant colds and flu, and the pain and discomfort caused by chickenpox. By providing this relief, Medised also helps promote restful sleep.

Continue to use Medised until the fever has subsided. For more information, see the full product information leaflet.



Original

Medised
Soothing pain relief



GENTLE RELIEF OF
FEVERISH COLDS
AND FLU.

1 to 12 Years

Presentation: A pink, blackcurrant flavoured suspension containing in each 5ml: 120mg of Paracetamol B.P. | 5mg of Promethazine hydrochloride B.P. **Uses:** For the relief of mild to moderate pain including headache, toothache, sore throat, aches and pains. For the symptomatic relief of influenza, feverishness, fever, colds and chickenpox. For the reduction of inflammation and watery discharge. **Dosage and Administration:** Children 6 - 12 years: Four 5ml spoonfuls 1 - 6 years: Two 5ml spoonfuls. Do not repeat more frequently than every 4 hours. No more than 4 doses should be given in any 24 hour period. Do not take for more than 3 days without consulting a Doctor. Should not be given to children under 1 year old except on medical advice. **Contra-indications, Warnings etc:** **Contra-indications:** Hepatic disease, viral hepatitis or severe renal impairment. **Warnings:** This product may cause drowsiness. Patients should not be allowed to drive or operate machinery until the effects have worn off. Paradoxical reactions characterized by hyperexcitability and nightmares have been reported in children receiving single doses of Promethazine between 75mg and 125mg. This product contains Paracetamol. **Pharmaceutical Precautions:** Store below 25°C. Do not store in a refrigerator. Protect from light. **Legal Category:** P. **Pack size:** 140ml bottle. **Product Licence Number:** PL 0156 (501). **Product Licence Holder:** Morant Medical Ltd. **Distributor:** Seton Healthcare Group plc, Tibton House, Cildham, CCG 3HS, Lancashire. Telephone: 061 654 2222. **Retail Selling Price:** £2.63. **Date of Revision:** October 1994.

CLOCK UP EVEN MORE SUCCESS WITH OUR £3 MILLION AUTUMN SUPPORT



Warner Wellcom

CONSUMER HEALTHCARE

Z The pharmacy brand of the decade

Zovirax Cold Sore Cream has already smashed the £15 million barrier. It's now the 8th highest turnover OTC brand in pharmacy.*

Z £3 million national campaign starts October

We're clocking even more national support so you can clock up more success.

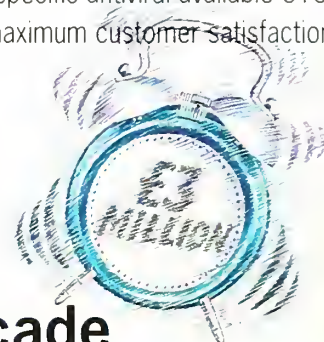
Z Eye-catching P.O.S. displays

Maximise your sales by prominently displaying one of the most profitable and fastest-selling products in pharmacy.

Z The only specific antiviral available OTC

Treat the tingle and the cold sore may never appear. So recommend the only effective specific antiviral available OTC - Zovirax Cold Sore Cream for maximum customer satisfaction.

ZOVIRAX^{*}
COLD SORE CREAM
Aciclovir



The POM to P Brand of the decade

ESSENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. USES Cold Sore treatment. DOSAGE AND ADMINISTRATION Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. CONTRA-INDICATIONS, WARNINGS, Etc. Contra-indications Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. Precautions Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Side and adverse effects Transient burning or stinging may follow application. Mild drying or flaking of the skin have occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. RETAIL SELLING PRICE Subject to Retail Price Maintenance 2g tube - £5.29 (PL 3/0304). LEGAL CATEGORY P. Further information available on request: Medical Affairs Department, Warner Wellcome Consumer Healthcare, Reading. Trade Bill 5/90. VED 00000. DATE OF PREPARATION August 1991 BCD 92/02. *Trade Mark

Counterpoints



Twenty-one Christmas hampers are up for grabs in Effico Tonic's competition for pharmacy assistants. Entry forms are available from Pharmax reps and have to be returned by December 16. Pharmax Ltd. Tel: 0322 550550.

Big screen Blisteze

Blisteze is currently hitting cinema screens in a campaign which runs for the next six months.

It is also being backed by press ads focusing on its healing and soothing properties. **Dendron Ltd.** Tel: 0923 229251.

Philishave on air

The 'For the Man Inside' commercial for Philishave is on air again in the run-up to Christmas, breaking on November 18.

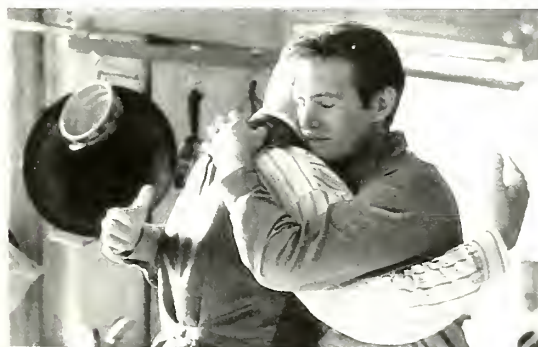
The 30-second film will be seen nationally on ITV, Channel 4 and satellite. It is designed to appeal as much to women as to men, as the company

Transvasin Sundays

Heat rub and spray brand Transvasin from Seton Healthcare is to be supported by a national consumer press advertising campaign in the Sunday newspapers.

The campaign will run throughout the autumn/winter season and is being backed in-store by strongly branded point of sale material (available free of charge). Trade promotional activity is also planned. **Seton Healthcare Group plc.** Tel: 061 652 2222.

claims that over 50 per cent of men's shaving product sales are gift purchases made by women. **Philips DAP Ltd.** Tel: 081 689 2166.



Cold liver oil plus

Following the trend for higher strength supplements, Ferrosan is introducing High Strength Cod Liver Oil capsules to its Healthcare range.

The new capsule provides 1,000mg of cod liver oil, 100 per cent of the new EC recommended daily amounts of vitamins A, D and E, and is rich in omega 3. Packs of 30 capsules will retail at £2.89.

The company says it is targeting first-time users and people with busy life styles. **Ferrosan Healthcare Ltd.** Tel: 0932 336366.



Olbas on the box

Olbas Oil from G R Lane Health Products is to be the subject of the company's biggest ever press and television campaign.

The herbal decongestant will appear on TV in the Carlton region during January. The 20-second ad uses the 'Power to Breathe' slogan and the voice of actor Richard Briers.

The campaign will be complemented by press advertisements, which will be appearing in 12 national newspapers during the first half of 1995.

The company's Kalms brand is currently being backed by a heavyweight campaign in the women's press and runs for 11 months. Using the strapline 'When the Pressure's On', each ad features a shot of a woman coping in a potentially stressful situation. **G R Lane Health Products Ltd.** Tel: 0452 524012.

Wash those wounds with Savlon

The latest addition to the Savlon range is Antiseptic Wound Wash, an alcohol-free first aid spray.

Wound Wash has a double action — washing away dirt and debris from a cut or graze, and helping to prevent infection by killing bacteria. It is available in a 100ml pack with a pump spray delivery system and retails at £1.99.

The spray contains 0.45 per cent w/v chlorhexidine gluconate and has been specifically formulated to be gentle and non-stinging, which the company hopes will ensure its widespread appeal to mothers of children aged 3-10 years old.

Wound Wash is packaged in the Savlon livery of blue and white, with pink roundel motif highlighting its suitability for cuts and grazes. Over the launch period it will be supported by a consumer



advertising campaign, which begins in January, 1995, and extensive point of sale material. **Zyma Healthcare.** Tel: 0306 742800.

Fragrance for the fairway

Match Play for Men is a new fragrance line targeting the golf-loving man.

It is an aromatic and woody perfume with notes of nutmeg, cardamom and jasmine. The range includes: eau de toilette (starting at £13 for a 30ml vapo), after shave care (50ml, £16), deodorant stick (75g, £11), shower gel (200ml, £12) and soap (100g, £6.95).

The distributor says that the main thrust of its

advertising will be centred around a National Matchplay Golf Competition with supporting regional magazine, press and radio advertisements. **Matchplay (UK) Ltd.** 081 814 1277.

Changing your Tunes

Tunes Honey & Lemon flavour are to be discontinued in favour of new Tunes Orange with added vitamin C. **Mars Confectionery.** Tel: 0753 550055.

Clock this!

Fifty pairs of luxury TAG watches, worth £500 each, will prove a timely Christmas bonus to the lucky pharmacists winning Unichem's latest promotion.

To gain entry into the prize draw, pharmacists have to order a minimum of 20 cases from a selection of the company's top brands and then complete a simple tie-breaker question.

The products in the promotion are: Always, Gold Film, Cream E45, Nurofen, Rennie, Rennie Rap-Eze, Feminax, Femigraïne, Aspro Clear, Radian B, Redoxon Effervescent/Tablets/Chewable, and Sanatogen Cod Liver Oil.

The pre-Christmas promotion will continue to run until December 16. **Unichem plc.** Tel: 081 391 2323.

Hungarian goulash

Three ranges of Hungarian toiletries and cosmetics were launched in the UK this week: Anaconda, Helia-D and Silanus. All are said to be unusually high in essential oils and all-natural ingredients.

They are exclusive to Intrinsic Beauty in the UK and Ireland and will be available through pharmacies, department stores and supermarkets.

The core products in the Anaconda skin care range are beauty masks which were originally developed for beauticians in Hungary. Retail prices start at £2.99 for facial tonics (150ml) rising to £7.39 for the masks.

Helia-D range includes a classical line of skin care



products, containing extract of sunflower stalk; products for sensitive skin; men's, babies' and hair care lines; and suntan and perfume products. Retail prices range from £4.74 for hand cream to £39.64 for 30ml of perfume. The range also includes Tokaji

Aszu, which uses Tokaji wine extract for treating dry skin.

Silanus has families of marigold, rosemary, nettle, camomile and herb products, such as body milks, face creams and shampoos. Prices vary from £2.41 for hair tonic to £6.99 for bubble bath. In addition, the company has recently introduced a new Aromatherapy Foam Bath range (240ml, £5.72) with the following variants: Blood-wort, Lavender, Menth, Myrtle, Pine, Sage and Thyme.

Intrinsic Beauty plans to launch a fourth Hungarian toiletries range in the UK early in 1995. **Intrinsic Beauty (UK) Ltd. Tel: 0403 891702.**

Paco Rabanne debuts XS pour Elle

The women's version of Paco Rabanne's XS, XS pour Elle, went on-counter on Monday (November 7) in over 300 Boots' stores.

The fragrance is a light floral with citrus notes. Top notes include jasmine, green violet, freesia, neroli and daffodil. Heart notes are peony, cyclamen and lilac with base notes of musk, amber, sandalwood and ylang-ylang.

The range comprises: perfume spray 7.5ml (£45), perfume spray refill 7.5ml (£29), edt spray 100ml (£45), 50ml (£31.50), and 30ml (special introductory size, £22.50), edt 75ml (£35) and a deodorant spray 100ml (£15).

The launch is being backed by a TV and poster campaign. **Creative Fragrances Ltd. Tel: 081 391 4200.**

Tune into stamps

The Royal Mail is offering a free Sony radio to all stockists who order three or more packs of festive stamp books. With their first order retailers will receive Christmas point of sale material, including a

reindeer 'wobbler'.

• Retailers ordering international Christmas-themed books of £0.60 stamps have the chance to win £500 worth of security equipment. **Royal Mail Retail. Tel: 031 550 8950.**

Collection 2000 sale

Collection 2000 is running a special 'January sale' promotion on its range of perfumes and aftershaves.

The promotion (which runs until the end of January) allows the customer to purchase two fragrances for the price of one. The women's eau de

toilette, with a rsp of £3.49 for 50ml, is on offer at £3.49 for two units, and 100ml after shave, usually £3.99, is at £3.99 for two units. Both retail packages incorporate 12 x 6 variants. POS material is available. **Collection 2000. Tel: 0732 453213.**



NUROFEN



A BREAKTHROUGH IN PAIN RELIEF

NUROFEN IS MORE EFFECTIVE.

Nurofen (ibuprofen) is more effective in the relief of headaches than paracetamol or aspirin¹.

For more information, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ. Legal status: P. I. Noyelle, R.M., et al, Pharm. Journ., 1987, 238, 561.



THE
BEST
AT MAKING IT
BETTER

Carry on nurses!



**The No.1 severe
cold and flu remedy**

The number one
'strong remedy' range in
pharmacies*, Nurses is the cold
and flu range for day and night
time medication.

The Nurses range also includes
the new cold-with-cough hot
lemon remedy, Day Nurse Hot.

Nurses is being supported
with a massive

£1.5m

TV advertising campaign
breaking in November.

Last year, this resulted in a share
move from 17.4% to 20.9%
in the Pharmacy sector.

Remember one in five purchases
comes from the Nurses range
during the cold and flu
peak period!

Have you got enough Nurses
in stock?

* Source: Nielsen

SB

SmithKline Beecham
Consumer Healthcare

For further information contact:
SB House, Brentford, Middlesex TW8 9BD
Telephone: 081 975 4014

Cussons in the swim

Cussons' Imperial Leather shower gel is breaking new ground with the introduction of a swimmer's variant.

The company says that Imperial Leather Swim Shower Gel is the first branded specific product for swimmers.

It is primarily aimed at the 22 per cent of the population who regularly go swimming. The

formulation cleans both hair and body, removing chlorine and its smell. It retails at £1.59 for 200ml.

The launch coincides with the introduction of two other variants: Imperial Leather Shower Gel for Men and Imperial Leather Active Shower Gel, which the company claims has a special cooling benefit. **Cussons (UK) Ltd.** Tel: 061 792 6111.



On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Anadin All Night:	All areas except U, CTV & C4
Benlyn Four Flu:	All areas
Crest Complete:	All areas
Deci Delà:	STV, Y, C, LWT, CAR, C4
Dove:	All areas
Gliss Corimist:	C4, GMTV
Hedex Headcold:	All areas except U, STV, CTV, CAR & C4
Johnsons Baby Skincare Wipes:	All areas except B, G, Y & LWT
Meltus:	STV, G, Y, TT
Nice N Easy:	All areas except C, A, HTV, W, M
Nurofen Cold & Flu:	All areas
Oil of Ulay:	All areas except LWT & C4
Philishave:	All areas
Pro-Air Quattro:	C4
Radian-B:	B, G, Y, C, A
Rennie:	C4, GMTV, BSkyB
Sanatogen Cod Liver Oil (& Multivits):	G, C, W, M, C4, GMTV
Seven Seas Cod Liver Oil (& Oil Plus):	C4, GMTV
Tunes:	All areas except LWT & GMTV
Vicks Ultrachloraseptic:	All areas except CAR
XS pour Elle:	C4

Action stations

Sensiq has extended the 2 in 1 concept to make-up removal with Instant Action 2-in-1 Make-up Remover with Moisturiser.

The oil-free, water-based gel contains provitamin B5, lime blossom extract and camomile.

The company says the wipe on/wash off product can help to visibly improve the skin's tone and texture with continued use.

Presented in a blue 120ml tube, it retails at £3.99. **Rimmel International Ltd.** Tel: 0233 625076.

Cutex promos

Two consumer promotions are coming up soon with purchases from the Cutex Face range.

In December, customers will be able to claim a free Cover Stick when they purchase either a Cutex Natural Finish Powder Compact (£4.49) or a Cutex Natural Finish Powder Blush (£3.79).

In January, a Lip Definer will be given free with every Lasting Colour Lipstick (£3.29). The lip liner comes in two shades: Tuscan Tan and Bermudan Blush. **Rimmel International Ltd.** Tel: 0233 625076.

Wild washing

Cut from the Wild is a new brand of natural soaps being distributed by Rimmel International.

There are ten soaps in the range, including Sun Kissed Apricot, Mountain Blueberry, Alpine Strawberry, Oceanic Seakelp and Virgin Vanilla. They have a rsp of £0.79.

The manufacturer says that the products are different from other natural soaps on the market, being "fresh cut" with visible natural extracts. They also have different positionings, such as exfoliating, massaging and moisturising. **Rimmel International Ltd.** Tel: 0233 625076.

Cellulite solution?

Newtons Laboratories is introducing Celluzone, an American anti-cellulite cream, to the UK market.

It contains 2 per cent aminophylline — the asthma drug — and the low dose allows it to be a non-prescription product.

Celluzone comes in airtight, single dose ampoules. A pack of ten 15ml unit dose ampoules retails at £14.95 and 20 at £24.95. **Brodie & Stone plc.** Tel: 071 278 9597.

Colgate charity

Colgate-Palmolive has distributed up to one million Colgate Precision toothbrushes to dental practices on behalf of Childline, and is inviting patients who take a brush to give at least £1 to the charity. **Colgate-Palmolive Ltd.** Tel: 0483 302222.

Nourkrin on TV

Pharma Health & Beauty's Nourkrin hair loss treatment was on the BBC's 'Anne and Nick' show recently. The programme is running a campaign to cure baldness. It will return to the volunteer using the product in one month. **Pharma Health & Beauty (UK) Ltd.** Tel: 071 223 1665.

Avent award

Cannon Rubber's Avent range won a gold award for best feeding equipment at the *Mother & Baby* magazine awards held recently. **Cannon Rubber Ltd.** Tel: 0787 267000.

Paris trip

Unichem and Smith & Nephew are offering pharmacists special deals and the chance of a weekend in Paris. To qualify, pharmacists have to order any line from the 14 in the promotion. All orders must be received by December 2. **Unichem plc.** Tel: 081 391 2323.

Kwells guide

Roche has reprinted its 'Kwells Guide to Trouble Free Travel'. **Kwells Travel Guide, 22 Endell Street, London WC2H 9AD.** Tel: 071 379 0304.

Baby burn

Expectant mothers are the target of Whitehall Laboratories' Bisodol Heartburn advertising campaign. Ads are running in magazines such as *Mother & Baby*, *Practical Parenting* and *She's Having a Baby*. A coupon on the page offers a free pack and an information leaflet. **Whitehall Laboratories Ltd.** Tel: 0628 669011.

Soccer shaves

Wilkinson Sword is introducing Protector razors bearing football club logos. Teams include Manchester United, Liverpool and Leeds United. **Wilkinson Sword Ltd.** Tel: 0494 533300.

High-dose Q10

Pharma Nord is introducing a high-dose Bio-Quinone Q10 containing 100mg coenzyme Q10. In 60-capsule packs, rrp £37.95. **Pharma Nord (UK) Ltd.** Tel: 0670 519989.



Disney delights

There is a new range of fun Disney fragrances from Cecile Distribution.

There are toilet waters, bath soaps and gift sets.

The full range comprises: Donald Duck toilet water (50ml, rsp £6.60 and 100ml, rsp £9.05); Captain Mickey

toilet water (60ml, rsp £9.50 and 125ml, rsp £9.50); Pretty Minnie toilet water (60ml, rsp £9.50); and Aladdin (50ml, rsp £7.50 and 100ml, rsp £9.50). The Mickey and Minnie soaps (125g) are £5.35. **Cecile Distribution.** Tel: 081 594 9923.

PRODUCT INFORMATION: Presentation: Gelatin capsules containing an oil containing as active ingredients: Levomenthol Ph Eur 35.55mg, Chlorbutol B.P. 2.25mg, Terpineol B.P. 66.6mg, Thymol B.P. 3.15mg, Paraffin Oil B.P. 1980 103.05mg, Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months; carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contra-indications, Warnings, etc:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.69, Capsules 20s £3.09. **Product Licence No:** PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2



A little piece of quiet.

All children need warmth and affection, but those with nasal congestion also need effective relief.

That's what they get from Karvol. It allows them to breathe easily throughout the night; and it does so gently, as there's nothing to swallow or rub onto a child's chest. Simply dab the pre-

measured dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and cinnamon effectively unblock stuffy noses.

That means a good night's sleep for children and their parents - and keeps Karvol in front as the most recommended nasal decongestant for children.



Gently does it

Update on Cornish pay mix-up

With reference to your report of the National Pharmaceutical Association Board meeting — Cornwall medical services appeal update (C&D November 5, p753) — the following is the current position.

A letter dated October 5, 1994, was received by the local pharmaceutical committee stating that:

"In February, 1994, there was a case in the High Court in Northern Ireland involving a definition of neighbourhood in the town of Bangor. In the light of this decision it was considered the Appeal Unit Committee's definition of neighbourhood when considering these appeals could be criticised and the Appeal Unit therefore agreed to set aside its decision and reconsider the matter using a differently constituted Committee."

Surprisingly, the Appeal Unit solicitors did not consider it part of their function to tell the family health services authority that they should cease to remunerate Cornwall medical services.

The FHSA also indicated that it did not know who had the responsibility to advise the

contractor concerned of the change in his position. Persistent requests were made by the LPC and the NPA's solicitors to resolve this matter. However, a letter dated October 28 from the FHSA stated that after taking legal advice the contractor had been advised that he could not remain on the pharmaceutical list.

Cornish contractors are most grateful for the financial support they have hitherto received from the NPA to support their successful judicial review and are pleased that the support will continue for the forthcoming appeal.

You may also wish to know that it is hoped that the LPC's complaints to the Data Protection Registrar and the UK Central Council for Nursing, Midwifery and Health Visiting may both be resolved by the end of the year.

Dr D H Maddock

Secretary,
Cornwall & Isles of Scilly LPC

No Kneipp teas via Vital Health

Following the article on Ideal Health (C&D October 15, p630), I would like to make the following comments.

Pradip Patni's companies, Vital Health Ltd, etc, represented Kneipp in the UK until Mr Patni's businesses failed and went into liquidation. Mr Patni now trades with a new company, Ideal Health Group Ltd, which 'grew' out of his companies in receivership, and he is trying to introduce his own brand of teas.

He re-assigned the remaining Kneipp tea stock back to Kneipp Werke Germany. This stock is currently being sold by us. Mr Patni's lawyers in Tel Aviv contacted us and expressly authorised the sale of this stock.

Kneipp Germany objects to Mr Patni's claims to these trademarks, which he registered without Kneipp's knowledge, and he himself used under the Kneipp logo. We will continue to sell these products under new names because Kneipp is not prepared to pay someone for trademark names it feels he should not have in the first place.

We would like to make it clear that the teas on offer from Mr Patni are not Kneipp teas and are of unknown origin. The new names of our teas will be released shortly and advertised.

Stefan Töpfer

For and on behalf of Winware
Distribution Ltd

Much work to be done at the CPG

I would like to thank those who voted for me in the Community Pharmacy Group elections.

As one who has spoken at the Royal Pharmaceutical Society, voicing the concerns of the independent community contractor, I am delighted that the Community Pharmacy Group has at last been formed. Locally, in Barnet, we have established our Pharmacy Forum where pharmacists are collectively making bids for new money from Social Services and the Barnet Health Agency. We are seeking new roles, selling the expertise of the pharmacist to the purchasing bodies.

Nationally, the Community Pharmacy Group must similarly help to raise the profile of the community pharmacist — the new group advising the Council of the deep concerns and dilemmas faced by the independent contractor.

There is much work to be done. I thank my colleagues for allowing me to be at the beginning of what I sincerely hope will be a sea change in the fortunes of all community pharmacists.

Gerald Zeidman
Edgware



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Delivering Healthcare

1995 and beyond

The NPA's eighth North West Conference at Warrington last Sunday was a complete sell-out. "It's easily the most successful regional event the NPA holds," said chairman Gordon Bullous (right). Although morale is at low ebb it is many years since pharmacists have been in such a strong position to secure their future, more than one speaker opined. NPA director Tim Astill announced plans to help pharmacists sell services on a local basis

The National Pharmaceutical Association is looking into setting up an agency to help independent community pharmacists market their services to FHSAs and other local agencies.

While pharmacies are in competition with each other, there is a need to get organised locally, although it will not be easy, said director Tim Astill.

There will always be an

element of suspicion when one group of local pharmacists is negotiating for a limited amount of money on behalf of their colleagues.

To get around this the Association is hoping to set up an "objective selling agency" which will be able to make representations on behalf of members generally to purchasers, including Social Services.

The agency will then find out which members are interested in providing those services and negotiating accordingly. "We are fairly well down the road ... We realise that speed is of the essence," said Mr Astill.

Some services will be available to all, while others will have to be rationed, and some means of doing this will have to be found, he said. (see C&D Interview, August 20, p280.)



A profession that will not change is set to die

The gross profit margin on NHS dispensing this year is estimated to fall to around 16.5 per cent, says the Pharmaceutical Services Negotiating Committee.

"But it seems that the profession is expected to develop, to expand and to provide more and better services without additional funding," says PSNC secretary Steve Axon.

"The Government attempts to sell this to us by undermining the confidence the profession should have in its current role. But the truth is that the Department of Health wants to buy services on the cheap.

"The steel fist of Treasury is neither a substitute for negotiations nor an excuse for inaction as regards incentives."

As long ago as 1986 the Nuffield Report stated that NHS remuneration could be "... a powerful force for change or, alternatively, a serious handicap to development". The PSNC's strategy document 'Pharmacy 2000' points to some of the ways the remuneration system could help change.

"Unless services are properly financed and incentives given to contractors to make changes those services cannot develop to their full potential," he said.

Morale at low ebb

Morale within the community pharmacy sector must currently be at one of its lowest ebbs, he believed, "but ironically this is at a time when ... the developments which have been suggested for the pharmacist's role provide the greatest opportunities for the profession to move forward".

If this does not happen it will not be for lack of enthusiasm on the part of contractors but rather for the lack of funding from the DoH, he warned.

Successful secretaries of state have waxed lyrical about the contribution pharmacists can make to the new health service. "Community pharmacists have been promised so much but given so little," said Mr Axon.

Paying for advice

Advice to prescribers appears to be one of the most exciting areas earmarked for

Care in the community

Pharmacists can contribute to caring for people at home but the 'how' and 'when', and 'who pays' is still a grey area.

Fran McCabe, assistant director at Manchester Social Services Department (SSDs), explained that the way people access the system should now be well-defined. Each area has to publish criteria under which people are assessed for eligibility. Social Services assess all the person's needs. "It is our responsibility to pick up enough information to know when to bring in outside expertise, such as pharmacists," she said.

"Many people are taking medication which, in itself, can cause complications. Social services are not trained in this area."

Once the assessment is complete Social Services will negotiate a care plan with the patient or their carers. This could encompass residential

care, home help, community nursing and other areas.

Pharmacists could be involved in assessment (advice on the effects of drugs), the care plan (drug administration and monitoring, links with GPs), and service delivery (training of carers, drug delivery), she said.

"But I cannot negotiate individually with each contractor, so there needs to be a coherent approach."

There is also a question over who pays for which aspect of the service. Social Services believes medication supervision is a health provision, for example.

Mary Allen, the NPA's professional and information services manager, urged pharmacists to let SSDs know what pharmacists can do. But caring for people at home means changing the work base — housebound patients do not visit pharmacies, she warned!



Fran McCabe, assistant director at Manchester's Social Services Department and the NPA's Mary Allen. Speaking on community care, she warned: "If you do nothing others will"

Manufacturers have pharmacists in their sights

OTC medicine manufacturers are intent on turning pharmacists into retailers and making them retail more professionally.

They are aiming to identify winners and work with them, access pharmacies through their wholesalers and educate them that business is not just about margins.

The emphasis is no longer on pushing stock in, but on building a longer term relationship, said Graham Waters, national OTC sales manager for Pharmacia's pharmacy health division. "Manufacturers wish to become key business partners."

Pharmacia itself has just produced a new business pack which provides each pharmacist with a focussed approach. The company is asking pharmacists

to sign a contract, and setting each business objectives. Some 900 have so far signed up, said Mr Waters.

There are 14 million smokers in the UK and two thirds say they want to quit, said Nicorette brand manager David Graham. At any one time some 150,000 people are trying to quit.

Pharmacia supports the Pharmacists Against Smoking group, which now has almost 1,000 members. Its smoking cessation model guidelines are potentially seen as a protocol which might be adopted by pharmacies throughout Europe.

FHSAs are prepared to fund anti-smoking initiatives if they can be shown to be effective, said Mr Graham, citing the project currently underway in Manchester.



From the conference sponsors, Pharmacia's national OTC sales manager Graham Waters (left) and Nicorette brand manager David Graham

Continued on p784

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

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(1) National Headache Survey, Gallup 1993

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy; avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.65, 20 tablets £2.85, 50 tablets £6.08. **DATE OF PREPARATION:** September 1994. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

Continued from p782

devolvement to local level. The DoH has indicated it will fund pilot studies through FHSAs. (The two services to which local budgets will apply are additional hours and payments for servicing nursing homes. See p768 for details).

But good advice from community pharmacists could result in a reduction in income for those best able to fulfil the task, said Mr Axon. As long as pay is linked to script numbers there is little incentive to cut them back.

"It should be accepted that if pharmacists assist in achieving savings it is proper that they should receive a proportion," said Mr Axon.

There has been a precedent set here with GPs.

Pharmacy 2000

When PSNC's consultation paper was sent out to LPCs, by far the most frequent comment was that core services should not be undervalued.

"It is essential that a proper balance is maintained between the payment for core services, currently based on prescription volume, and the payments related to additional roles," said Mr Axon.

Additional roles need to be remunerated as far as possible outside the core remuneration. What must be avoided is using the professional allowance as a dumping ground for payments not specifically related to core services, he said.

Protocols are no knee-jerk reaction

The move to impose a training requirement for pharmacy assistants and insist on written protocols for medicine sales was not a knee-jerk reaction to critical media coverage.

However, the *Which?* report on pharmacy supervision of medicine sales did strengthen the Royal Pharmaceutical Society's resolve and conviction that it was going down the right road.

"Council's first concern was to safeguard for pharmacy its core professional service — the supply of medicinal and other health products accompanied by all necessary advice," said secretary and registrar John Ferguson.

"If community pharmacists cannot demonstrate this vital professional input, the P classification of medicines will be under threat as will the traditional dispensing service."

Council needed to act fast to counter the public doubt being cast on the value of supervision of medicine sales as perceived by the public.

"We faced a situation where the sale of GSL medicines in pharmacies is seen to be no different than their sale in any other outlet, and the perception that there is little professional input in the sale of medicines restricted to pharmacies. This perception

may be quite wrong, but it is clearly widespread," said Mr Ferguson. "One can criticise the methodology of the *Which?* investigators, but not the generality of their findings."

Positive moves

There are positive developments though, said Mr Ferguson. Both the Audit Commission report 'A prescription for improvement' and the Commons Health Committee report on 'Priority Setting in the NHS', has recognised that pharmacists must be involved in influencing prescribing habits.

He also quoted from a recent document produced in June by the European Commission on health promotion. This provided a number of opportunities within the extended role scenario.

The report makes clear that the Commission will support action in:

- Integrated health promotion activities and projects relating to disadvantaged or vulnerable groups
- Co-operation between member states on medication, in co-operation with GPs and pharmacists.

Company moves

Manufacturers have recognised that government action has put



John Ferguson, RPSGB secretary and registrar, is convinced protocols are the right way forward

their prescription business at risk, and they see the non-prescription market as one that offers opportunities for growth, said Mr Ferguson.

While only 30 per cent of the brands introduced into the USA since 1975 are switches, these account for almost 80 per cent of sales. Of the ten best-selling products in 1991, nine were switches from POM control.

"It is many years since pharmacists have been in such a strong position to secure their own future," said Mr Ferguson. "Manufacturers need their support in the OTC market much more than they have in earlier years."

"However, we must ensure that pharmacists determine the rules and make it plain that our role is not to act as a cog in the smooth marketing process, but bring to bear professional considerations in the best interests of those who use our services."

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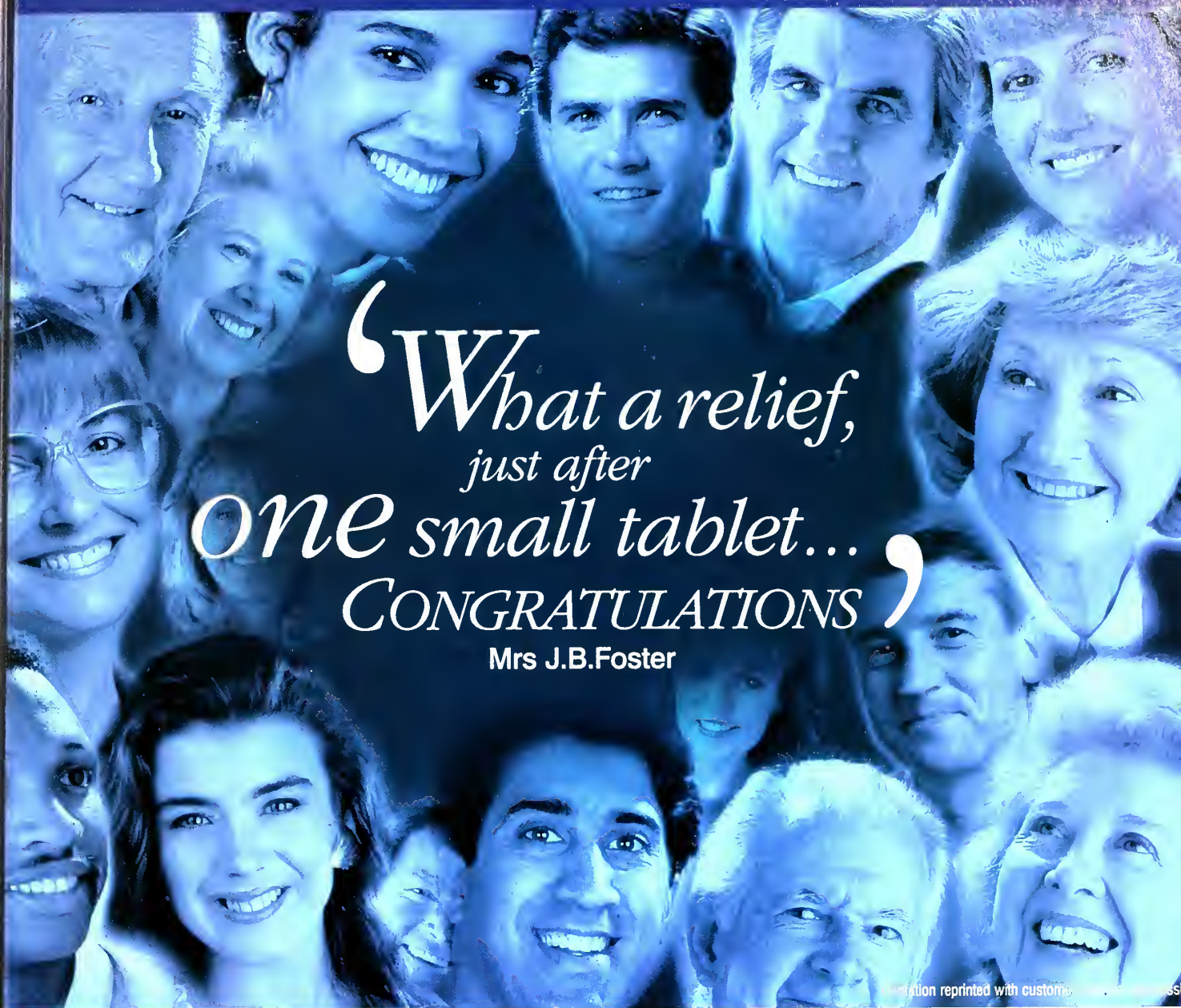
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AC (Abridged Product Information) Product Information - PEPCID AC: Film coated tablets containing 10mg. **Pack Size:** 2, 6, 12. **Dosage:** Adults and children over 16 years: 1 tablet for symptomatic relief, taken one hour before food or drink known to provoke symptoms. Maximum intake 2 tablets in 24 hours. **Uses:** For the short term symptomatic relief of heartburn, dyspepsia and excess stomach acidity. **Contraindications:** Hypersensitivity to any component. **Warnings and Precautions for use:** Do not take unless advised by a physician in the following patient groups: severe renal failure or severe hepatic impairment, under medical supervision for any other condition or need for any other medications, middle aged or over with new or recently changed cardiac symptoms, or associated unintended weight loss. Patients with persistent symptoms of heartburn should seek medical advice. **Drug Interactions:** No drug interactions of

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clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency of 1%. Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg day for over 1 year were tolerated in patients with severe hypersecretory conditions. **Product Licence Number:** PL 0025/03. **Product Licence Holder:** Merck Sharp & Dohme Limited, Hertford Road, Hoddeston, Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. **P Pharmacy distribution:** Distributed by: CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks HP10 9UF. **References:** 1. Data on file. * Indicates registered trademark of Merck & Co. Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

Making a difference

Improvements need not break the bank. These suggestions may just mean adapting what you already have.

- **Steps** If you must have steps, make sure they have a slip-resistant surface and use a tactile surface at the top and bottom of the flight.
 - **Ramps** They should be firm, well drained, slip-resistant and not less than 1.2m wide. Take care they are not too steep.
 - **Handrails** Position them so they extend 30cm beyond the top and bottom of the ramp or steps, and make sure they are not more than 90cm above the surface of a ramp.
 - **Doors** Choose ones that need minimal opening pressure and that have handles or push bars at a maximum height of 90cm. Clearly mark push/pull instructions.
 - **Entrance** Mats should be sunken. If they must be on the surface, they should be rubber-backed.
 - **Shelving** Top shelves of gondola displays should not be higher than 1.75m. Try not to place heavy items on top or bottom shelves and display items so all shoppers can see them, including wheelchair users.
 - **Aisles** Aim for a minimum aisle width of 1.5m.
 - **Floor surface** Ensure that flooring is flat and firm, or apply a slip-resistant coating. Use a light-coloured floor to brighten the shop up, but one that is easily differentiated from the wall colour. Use a matt surface which reduces glare.
 - **Counters** Keep background noise, such as music, to a minimum. Fit an Induction Loop System to allow hearing aid users to tune-in directly to a specific voice.
 - **Lighting** This must be high enough for clear vision, but low enough to avoid glare. Avoid shiny shelves, walls and floors, which would accentuate glare. Avoid ultraviolet and coloured bulbs.
 - **Signage** Avoid fancy type faces and use a combination of upper and lower case letters. Use clear contrasts, preferably white print on a dark background or dark print on a light background.
 - **Car parking** If you have car parking space, make sure that the bays are no less than 2.4m wide. For ambulant disabled customers, wheelchair users and parents with young children, provide extra-wide bays, 2.8-3.2m.
- These guidelines were drawn up by the Institute of Grocery Distribution in association with five charities. They form part of the IGD report 'Store design — recommendations for improvement' available for £40 on 0923 857141.



Access for all

Not everyone can climb steps, open doors or read signs. But you would never think so by looking at how some pharmacies are designed, says Anna Evangeli

Mr Willis is a 73-year-old pensioner who likes to take his own naproxen prescription to the pharmacist when he can. It is one of his only trips out of the house and a journey that used to take him five minutes now takes him anything up to half an hour.

His unsteadiness makes negotiating the two steps up to the pharmacy difficult, so he leans against the door frame for support. Sometimes he is lucky and another customer is on the way out, leaving the door open for him. But more often he spends a few minutes fumbling with the door handle before signalling to one of the shop assistants to open the door. His arthritis makes once simple tasks frustratingly difficult.

The assistant then helps him to the back of the shop where he hands over his prescription, but a ten-minute wait means he must sit down. Luckily there are seats, but they are too low so, again, the assistant must help.

Mrs Chapman is a hassled mother of two with a double buggy for her twin toddlers. Her weekly shopping is spilling out of carrier bags slung over the buggy handles and she must get to the pharmacist before closing time because she forgot to buy nappies at the supermarket she has just left.

Pushing the buggy, plus twins and shopping, up the steps is too much to even contemplate.

Anyway, the buggy would never get through the door. Fortunately she spots her neighbour walking up the road, flags her down and asks her to mind the kids for a minute while she pops in.

Mrs Patel is partially sighted and likes to visit this particular shop because the pharmacist is an old family friend. She knows the shop layout, but is sometimes caught out when bargain bins are moved around. Luckily she has not had a bad fall, yet ...

New signs

The pharmacist has splashed out on new signs in the shop as part of a partial refit. Despite the bright lights, the contrast against the background is not great enough, making reading them impossible.

These fictional examples illustrate just some of the frustrations that less able customers face. While this type of customer is not limited to young mums with children or the very old, they form the core — the same core group as pharmacy customers. Yet all too often, their needs are misunderstood or ignored.

Community pharmacist Martin Bennett runs the 7,000sq ft Handicapped Living Centre from the shop next to his Sheffield pharmacy, so he is well aware of less able customers' special needs. "The major problem is space," he

says, "especially for people in wheelchairs. The minimum requirement is a straight run through the door to the counter, room to turn around and get out again."

The aisles in his 2,000sq ft pharmacy, for example, are 6ft wide and he is currently looking to make even more room by rethinking his display requirements. "We are going to have to do away with some display stands," he admits. And displays have to be at wheelchair users' eye level and not at 5ft.

As well as the obvious difficulty of access into the shop, wheelchair users often face inaccessible consultation rooms. This is particularly important when discussing incontinence products, he says.

"Incontinent people often have trouble when out shopping and catering for their needs might attract a lot of customers." He has installed a wheelchair accessible toilet complete with grab rails and a raised toilet seat for this very reason.

This type of forethought can be turned into a competitive advantage, at least that is what designers and the grocery trade are realising. They have teamed up to put together guidelines for shop design and layout keeping the less able consumer in mind. Those guidelines have been translated into a pilot Safeway supermarket opened



Two prizes in one

C&D investigates why the Craiglogan Pharmacy in Edinburgh has caught the eye of two sets of judges in less than a year

Proprietor pharmacist Mike McInnes should be doubly proud of his Edinburgh pharmacy. Not only was its refit highly commended in *Chemist & Druggist's* Fit for the Nineties Shop Design Awards, its architect has just been given an award in a Scottish design competition.

Last month, architects Dignan Read Dewar walked away with the supreme award in the 1994 Regeneration Design Award, a joint initiative of Scottish Enterprise and the Royal Incorporation of Architects in Scotland.

Mr McInnes wanted to make a positive contribution to the suburban community of Craighentilly, an extensive area of inter-war housing with a high proportion of elderly and young families.

The pharmacy previously occupied two shops at the end of a small parade, but customers would never recognise it now.

It was demolished and extended on three sides with a semi-circular glazed bay window to make a new shop front, while part of the shop remained opened for business.

The look is light and airy, with natural daylight coming through the partially glazed roof and fully glazed window.

Internal fittings are a combination of Sintek units installed by Regent Shopfitters and individual fittings designed by the architects and constructed by the shopfitter.

The focal point of the retail area is a granite and stainless steel counter with a mesh lighting canopy overhead.

Products are displayed on free-standing gondolas in the centre of the floor and around the walls. Glazed shelves suspended by wires are used to show off goods in the window.

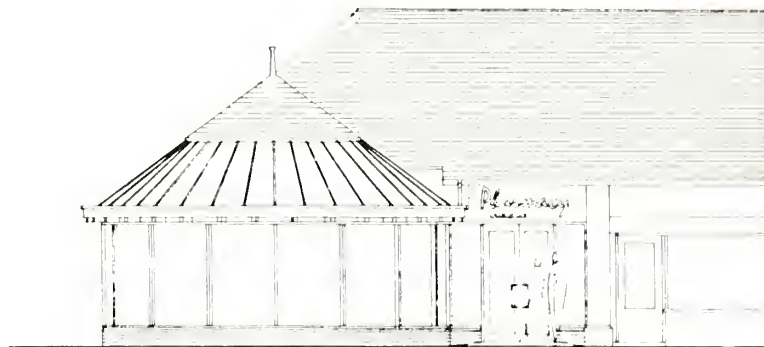
A specialised fragrance display unit is placed against one wall and is protected by a wire screen, allowing the customer to view but not to touch.

Sintek's Stockflow range of shelving is used in both the retail area and the dispensary.

On the shop floor, against



The semi-circular bay window and partially glazed roof allow natural light to flood the pharmacy. Suspended glass shelves display the goods without obscuring the interior. Below is the view from the street



the wall, its modular design allows flexibility as the height and depth of shelves can be varied when needed.

Stockflow Select is used for the gondolas in the centre of the shop and comes with shelves on either side and end panels with semi-circular baskets or literature dispensers.

In the dispensary, Stockflow provides a workbench and

storage areas above and below. Stock is picked from sloping trays meaning that there is strict 'first in, first out' rotation.

There is also a bank of Rombik drawers, also from Sintek, which is clearly visible from the shop floor.

Mr McInnes is so pleased with the drawers that, in the New Year, he is installing more in the retail area for small items.

in Coventry earlier this year.

It is a lesson smaller retailers can learn, says Roger Coleman, director of the research group Design Age, whose ideas were taken up by the Safeway team.

He talks about the conflicts between what the retailer often wants and what less able people want. "Older women tend to be shorter than the average consumer, so getting things off the top shelf is difficult. But shops want as much as possible on the shelves. There's scope for meeting both requirements. It isn't impossible to address this need."

Then there is the problem of lighting. "The older eye needs three times as much light as a youthful eye," he says, "and is more affected by glare. But increasing ambient lighting can increase glare. You need a lower level of general lighting, while highlighting the goods, but you need professional advice or you might make things worse."

The ageing population

"Changing demographics and growing assertiveness of older people will reach a point where manufacturers and retailers will see it as a competitive element to business, just as the environment was an issue a few years ago," says Mr Coleman.

"I would expect that by 1999 — the UN Year of Older People — that will be a reality. And small retailers will need to follow suit," he says. "Where smaller retailers have the great benefit is the personal relationship with their customers."

Sheffield pharmacist Mr Bennett agrees. "The biggest thing you can change is your attitude to people," he says. "Have an open mind and treat everybody the same, without prejudice."

A sporting chance in Cardiff

Cardiff pharmacist Mark Hopkins has combined business with pleasure in his latest shopfit.

His passion for sport has even extended to sinking a golf hole behind the medicines counter.

Every night, when his staff and customers go home, he removes the wooden plug complete with camouflage carpet tile, and practises his putting.

That gives a big clue to how

the rest of the shop is merchandised — sports medicines and joint support products.

Mr Hopkins hopes to decorate his recently re-opened Llanedeyrn pharmacy with signed photos of sports personalities. And he should have no shortage of those as a BUPA sports' injuries clinic is just up the road.

The shop interior is in green and cream with yellow piping. Fittings are supplied by Zaf.

Gondolas are a foot shorter than before to make self-selection easier. Mr Hopkins has even gone to the length of removing cartons to encourage customers to browse.

The new dispensary is half its old size, but space is maximised as continental drawers have been fitted.

And to clearly brand his pharmacy, there is a 7ft high running man image made of fibre optics in the window.

Professional image

David Stolton's West Hoe pharmacy was in need of a pick-me-up, so a refit was ordered. *C&D* analyses how he won the runner-up prize in the full refit category of this year's Fit for the Nineties Shop Design Awards, co-sponsored by Whitehall Laboratories



The open design allows customers to see into the clearly signposted dispensary

"The shop was just an empty unit in a dilapidated state," says David Stolton. Now his West Hoe outlet in Plymouth boasts a clean, professional look in 'pharmacy green'.

This is the second of two shops Mr Stolton has bought in the Plymouth area. This one, in Bishops Place, is part of a small parade of shops. Local residents, holiday-makers and workers from a nearby British Telecom office form a mixed customer base. Passengers can even see the green and gold shop sign from ferries at the Milbay Dock.

The green theme is continued

inside and is picked out in distinctive signage to mark the dispensary and the 'healthcare' sections of the shop.

Positioning of the counter and an open design allows customers to see into the new dispensary. Open shelving is used rather than continental drawers due to lack of space.

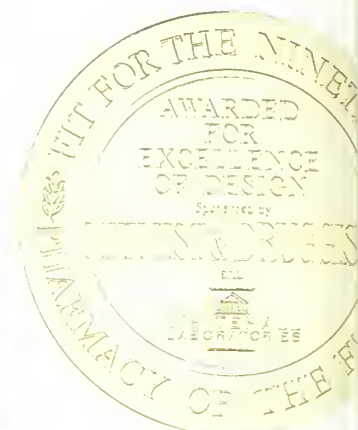
Counter area

Next to the shaped counter is a seating area and health education display. While this area can be used for simple consultations, there is a door which leads to a private, dual-purpose room.

As well as a consultation room, it is used for diagnostic testing and has a folding couch. It also houses a recessed CD cabinet that is hidden from view from the shop floor.

The shop itself is fitted out in warm ash highlights and shallow shelving allows circulation space for prams and wheelchairs. Slat walling gives versatile display space and is easy to clean.

The full refit was completed in two weeks by Riviera Shopfitting and Design (now Facet Design and Project Management) and opened for business in September, 1993.



We asked ...

When was your last shop refit?

	%
Within the last year	11
Between 1 and 2 years ago	9
Between 3 and 5 years ago	30
Between 6 and 10 years ago	20
Over 10 years ago	28
Not stated	2

What type of refit was that?

	%
Full refit	58
Shop front	15
Dispensary	10
Other	8
Not stated	9

Approximately how much did that refit cost?

	%
Less than £500	0
£501-£1,000	3
£1,001-£2,000	3
£2,001-£5,000	10
£5,001-£10,000	12
£10,001-£20,000	20
More than £20,000	20
Not stated	32

Chemist and Druggist conducted this survey alongside its quarterly Business Trends survey (see p794). The results are based on answers from 192 pharmacists.

A to E guide to a winning display

Community pharmacist James Powell, of Powells Pharmacy in Redhill, has a sideline in winning window display competitions.

Here are just a few of his hints on how you could follow in his footsteps — an A-E of window display:
A is for attractive. The display should attract the eye of customers as well as judges. If it does not win the competition it should at least win you business. Displays should not be cluttered, although it is good to display a large stockholding.
B is for bold. Your photograph

will be from a distance, so arrangements of stock should be large and fill the whole window.

'B' is also for background. A plain background highlights the window display and stops the viewer's eye from wandering into the shop and away from the display.
C is for colour. Pick out the dominant colour of the packaging or advertising from the range of stock on display. Try to avoid using any other colours on, for example, streamers or signs.
D is for dedicated. Dedicate the

whole window to the product on display. All competitive products should be out of sight and other ranges avoided.
E is for exciting. Many displays are simple pyramids of stock stuck in the window next to the provided display material. To win you must do something different.

These points are to give you ideas and should be adapted to suit your environment and skills. The most important piece of advice is to have a go. The catchphrase to remember is: 'If your entry is not in, you cannot win!'

Intershop 95

Stuck for ideas for your next shopfit? Why not visit Intershop 95, the annual show for retailers on the look out for new approaches and for shop-fitters to exhibit their wares.

Backed by the Shop and Display Equipment Association and the British Retail Association, the exhibition will take place on April 23-26, 1995 at Olympia, London.

A programme of seminars will be held at the same time as the main show.

For further details, contact Montgomery Exhibitions on 071 486 1951.

Aspirin forges new advances in clinical medicine

The benefits of aspirin have long been recognised, with earliest reports that Hippocrates used a brew of willow leaves (containing salicin – a precursor of acetyl salicylic acid) as a pain killer around the 4th century BC. Today, aspirin is still being recommended for its powerful analgesic, anti-pyretic and anti-inflammatory effect. But as we're discovering, aspirin's versatility extends much further, with many new, potentially life-saving, clinical applications emerging every day.

Researchers now know that aspirin works by inhibiting the synthesis of prostaglandins, chemical mediators which are responsible for a diverse spectrum of physiological responses. Prostaglandins, for example, are responsible for 'the inflammatory response' – the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood to clot by encouraging platelet aggregation.

Aspirin's anti-platelet effect

Most recently, researchers have been focusing their attention on the vascular and other implications of aspirin's anti-platelet effect. There is little doubt that low dose aspirin, taken prophylactically, can prevent thrombosis, and reduce the risk of heart attack and stroke*. Aspirin is now being investigated for its potential use in other clinical areas thought to be linked to the prostaglandin pathway.

New uses for aspirin*

Pregnancy-induced hypertension

Foetal growth retardation

Dementia

Alzheimer's Disease

Colon cancer

Pregnancy pre-eclampsia

Diabetic retinopathy,

nephropathy, neuropathy

Pulmonary embolism

* Currently being researched

Aspirin's role in pregnancy

Two of the leading causes of death *in utero* are foetal growth retardation and a condition called pregnancy toxæmia, which affects the mother by causing dangerously high blood pressure and kidney damage. The two are thought to be linked, and both have their origins in the 'spiral' arteries of the placenta.

A certain amount of thrombosis is

"I would be comfortable with GPs giving low-dose aspirin at 12 weeks to women who they think are at risk of early onset pre-eclampsia".

de Swiet M, Monitor Weekly 16 March 1994 8

normal in these vessels, but when the degree is unusually high, blood flow to the foetus can be almost completely blocked, resulting in foetal growth retardation, or toxæmia.

The Lancet recently published the results of a major placebo-controlled trial of low dose aspirin in 9,364 at-risk pregnant women¹. Aspirin was found to



13 week old foetus, showing the 'spiral' arteries of the placenta

reduce significantly the likelihood of preterm delivery, with progressively greater reductions in proteinuric pre-eclampsia the more preterm the delivery. The average weight of all babies born to women allocated aspirin was significantly greater than that in the placebo group. The trial also found that aspirin may prevent early-onset pre-eclampsia in women especially at risk, particularly if it is started before 16 weeks' gestation.

Aspirin in bowel cancer

Increasing evidence suggests that high levels of prostaglandins in the bowel cause colon cancer. Aspirin's inhibitory effect along the prostaglandin pathway has raised speculation that it helps prevent some cases of colon cancer. It is also postulated that aspirin acts as a 'free radical scavenger', effectively mopping up these potentially destructive biological particles. More research is under way – hopefully aspirin will offer some new treatment options for this potentially fatal condition.

Aspirin in dementia

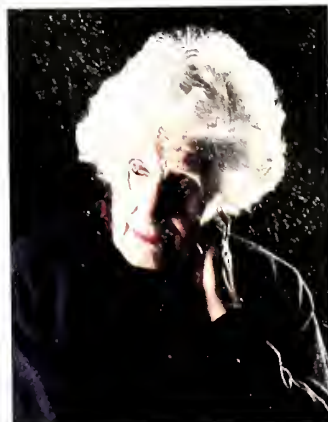
About 25% of people over the age of 70 have some degree of 'multi-infarct

dementia', in which tiny vessels of the brain are blocked by clumps of aggregated platelets. Aspirin has been shown to improve the condition of sufferers². These encouraging results have led to the implementation of larger studies, which are currently in progress.

There is also the suggestion that the tragic Alzheimer's Disease is a progressive inflammatory process, and that sufferers may benefit from non-steroidal anti-inflammatory drugs like aspirin. It is too early yet to make recommendations, but first results suggest that aspirin may offer some real hope.

The future for aspirin

Aspirin's potential for prevention and treatment of some of the world's most



distressing and refractory conditions is becoming increasingly clear. Ironically, one of the oldest drugs known to man is now providing new solutions to today's medical problems. As the list of potential benefits of aspirin continues to grow, it is anticipated that even more people will be helped by this versatile, cost-effective and remarkable remedy in the years to come.

References: 1. BMJ 1993; 308: 81-100 2. Lancet 1994; 344: 619-22 3. J Am Geriatr Soc 1989; 37(6): 549-55

THE EUROPEAN ASPIRIN FOUNDATION: IMPROVING ASPIRIN AWARENESS

The European Aspirin Foundation aims to increase the knowledge and understanding of aspirin, probably the world's oldest and most widely used medicine.

By stimulating the distribution and exchange of information and discussion on all aspects of aspirin, including current research and old and new therapeutic uses for it, the European Aspirin Foundation helps to co-ordinate current world-wide awareness and increasing medical research interest in this vitally important medicine.

Aspirin is a versatile and trusted home remedy with a long history, that also promises important new applications in medicine.



Find out more about new uses for aspirin

by completing this coupon and returning to the European Aspirin Foundation, PO Box 7, Ripley, Woking, Surrey, GU23 6YU.





Partial makeover

C&D examines how converting the upper floor of a Grade II listed building into a Clarins' studio impressed judges of the partial refit category in its Shop Design Awards

Springfield Pharmacy in St Albans has had a face-lift which not only emptied a former junk room, but which produced a prize-winning Clarins' studio for proprietor pharmacist Jaiprakash Brahmabhatt, runner-up in this year's shopfitting awards.

The Market Place pharmacy is housed in a Grade II listed building whose character Mr Brahmabhatt wanted to keep. Rather than just making the salon an add-on, he wanted it to increase traffic flow through the pharmacy on the ground floor, which already sold Clarins' products.

Although St Albans is a prosperous town, the recession has hit quite hard, says Mr Brahmabhatt. And as the same street already has a Boots and a Superdrug, aiming at the luxury end of the market was a deliberate ploy. It had the added plus of complementing his existing perfumery business.

Planning permission for a conversion from a store room to a salon was a must, then there was the added complication of the building's Grade II listed status.

Once the upper storey was cleared of old point of sale material and general rubbish, the building's original beams were exposed and stained glass windows uncovered. Although the windows had a preservation

order on them, they had been hidden for years, until now.

Local firm Signature Decor was brought in to replace the floor and replaster the walls and ceiling to hide electrical cabling and water pipes where possible. By September, 1993, the transformation was complete.

The newly-carpeted staircase now takes customers from the shop floor up into the calmer surroundings of the studio. But not until they have passed a cleverly-placed, glass-fronted Clarins' display cabinet on the stairs. Traffic flow has definitely increased, says Mr Brahmabhatt, especially at Christmas time.



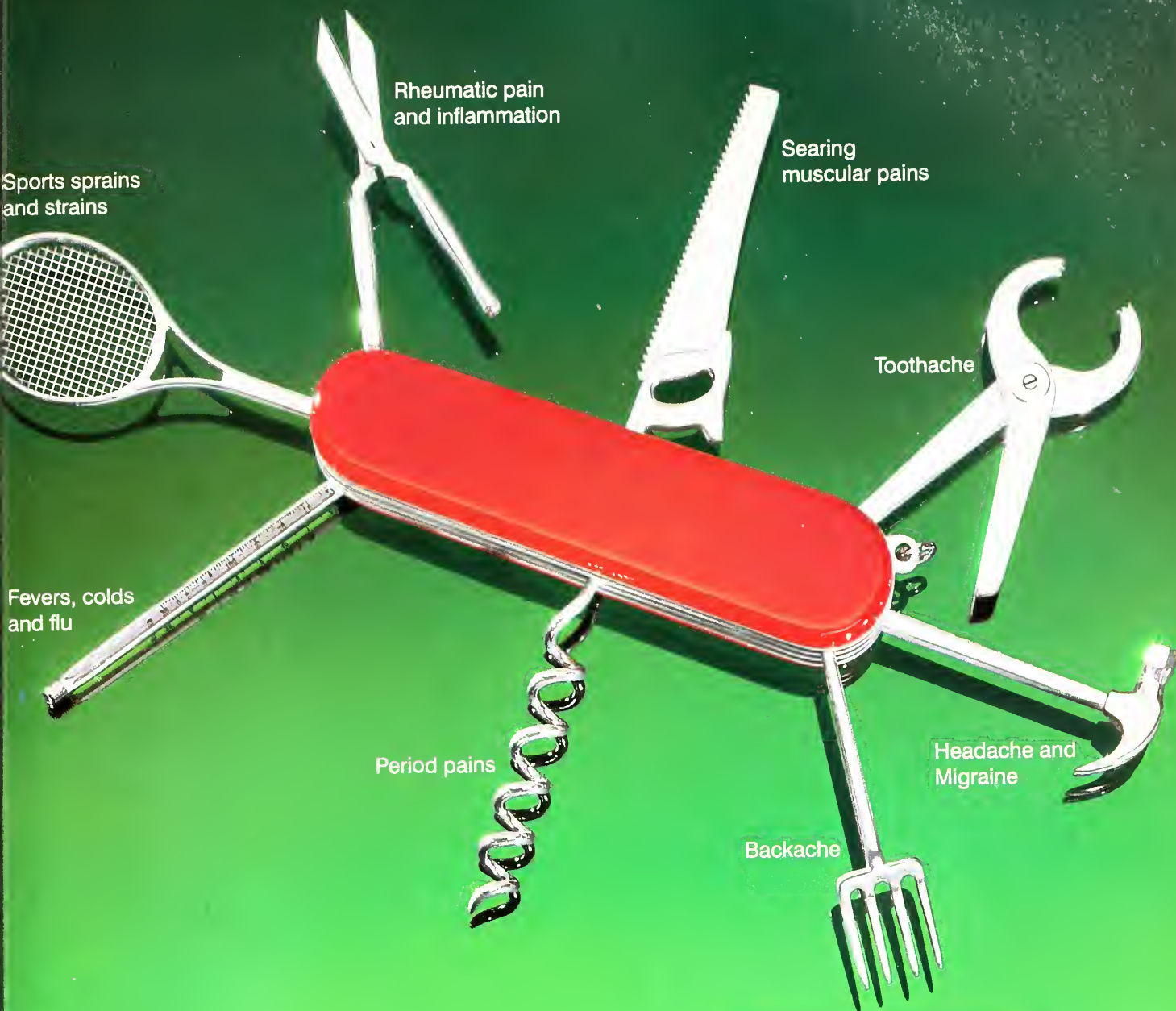
Jaiprakash Brahmabhatt (left) with Whitehall's md David Beauchamp

Products and services

- Hafele Pharmacy Storage System is now available in the UK. Banks of drawers can be up to 2.1m high, which can accommodate individual drawers 100-300mm high and 600-1,200mm deep. Ring Hafele UK on 0788 542020.
- A range of showcases and counters specifically for pharmacies has been designed by Fairfield Displays & Lighting. The 007 range has 6mm of toughened safety glass and, for extra security, can be locked by a device near the top of the unit. Tel: 0252 812211.
- Store Development Group offers a shopfitting service with made to measure gondolas, counters and back fixtures. It has recently been awarded a contract to supply Tesco in-store pharmacies. Tel: 0788 541145.
- You can now choose Sundeala notice boards by mail order from a 12-page catalogue. They are available in six colours and in various fabrics. Details on 0932 781749.
- The Arneg range of shelving and racking systems is available in the UK from Drakes Refrigeration of Bournemouth. It accommodates L-, S- or Z-shaped corners. Details on 0202 526671.
- R T Display Systems of London has launched a glass display stand that can be assembled without using tools. Transparenta comes in a range of units and configurations, including showcases with lighting, sliding glass doors and plinths. The company has also upgraded its Octanorm Newline counter, showcase and cabinet construction system with a new range of knuckle joints. Tel: 071 731 4181.
- Bullet-proof glass that turns opaque when hit is available from Clearvision. Tel: 0628 478116.
- Price tags and bar codes can be attached to shelf edging with the J K System from Alphas of Leigh-on-Sea. Details on 0702 72000.
- The Point of Sale Centre supplies a range of merchandising equipment ranging from display stands to leaflet holders. Ring 081 879 3070 for a brochure.
- Both price cards and POS literature can be displayed in a combined shelf barker from the Kleenkut Group. It comes in either clear or coloured PVC. The company also provides an in-house design, artwork and typesetting facility for POS material. Tel: 081 684 1744.
- Roller shutter and security grille specialist Arthur Ring (Doors) Ltd of Brierley Hill, West Midlands, has changed its name to Ring Gard (UK) Ltd. Tel: 0384 74849.
- The Shop and Display Equipment Association has published its 1994-95 directory which contains an A-Z listing of member companies and their activities. The directory is £7.50 including postage. Details from the SDEA. Tel: 0883 348911.

AMAZING ANADIN

The all-purpose analgesic



For everyday aches and pains, Anadin is at the cutting edge of modern pain relief. With its analgesic, antipyretic and anti-inflammatory actions, Anadin is well equipped to deliver fast and effective relief in a wide range of indications.

Whether it's for headaches, period pains or muscular strains and sprains, you know you can trust Anadin to work.

It's well worth recommending to your customers.

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COATED CAPLETS

ANADIN
FAST PAIN RELIEF

EASY TO SWALLOW SHAPE



THE UK'S No1 BRAND OF ASPIRIN

Product Information: Anadin Caplets. Presentation: Caplet for oral administration. Each caplet contains Aspirin Ph Eur 325mg and Caffeine Ph Eur 15mg. Uses: Symptomatic relief of sprains, strains, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness. Relief of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Symptomatic relief of influenza, feverishness, feverish colds. Dosage: Adults and the elderly: one to two caplets every 4 hours. Do not exceed 12 caplets in any 24 hours. Children under 12 years: Not recommended unless instructed by a physician. Contraindications: Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity. Interactions: May potentiate the effects of oral anticoagulants, heparin, metoclopramide, oral hypoglycaemics, methotrexate and phenytoin (transient). May reduce the effects of spirinolactone and pyrazinamide. The uricosuric effects of probenecid may be reduced. Special Warnings: Aspirin may provoke or worsen asthma. Precautions: Not applicable. Side Effects: Side effects are mild and infrequent but there is a high incidence of gastro-intestinal irritation, bronchospasm and skin reactions in hypersensitive patients. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Overdosage: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use whereupon symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis; CNS depression may lead to a cardiovascular collapse and respiratory failure. Pharmaceutical Precautions: No special precautions. Legal Category: up to 25 caplets GSL, over 25 caplets Pharmacy only. Price and package quantities Anadin Regular Caplets: 4's 38p, 8's 69p, 12's 94p, 24's £1.29, 49's £2.39, 96's £3.49. Product Licence No: PL 0165/0060. Date of Preparation: November 1994. Shelf Life: 5 years. Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.



* Trade Mark

Lottery sales compromise professionalism



The Royal Pharmaceutical Society's Council remains opposed to the sale of lottery tickets through pharmacies but has accepted that, following the Dickson judgment, it cannot prevent their sale.

Council agreed last week to publicise its opposition, together with its view that the sale of lottery tickets is "not an activity conducive to the development and promotion of the pharmacy as a centre for healthcare and could adversely affect perception of the pharmacy as a centre for healthcare."

Council also agreed to warn pharmacists who decide to install such machines that, if lottery sales activities interfere with the efficient provision of a pharmaceutical service, then this might lead to a charge of professional misconduct.

Pharmacy owners will be advised to site lottery machines away from the pharmacy's professional area.

The Law and Ethics Policy Committee considered the matter again after it was referred back from the October Council meeting (*C&D*, October 15, p610). The Committee felt that the basis of guidance to the membership should be the words of Lord Denning in the Dickson case that: "If, and in so far as, the trading activities of pharmacists are inconsistent with, and derogate from, the proper activities of the profession, then the Society has power to intervene to safeguard the interest of the profession."

- **Market analysts** Verdict estimate that retailers stand to gain an average £23,000 a year commission from the sale of lottery tickets. As well as the 5p commission on each ticket, the sales are expected to attract extra customers to shops.

New election procedures

Council approved changes to its election procedures, following a review by a working group.

The changes give candidates more chance to make their opinions known but all candidates must be treated equally.

Special interest groups will be able to publish information about

selected candidates only if it is purely factual and not canvassing material.

The working group was set up after this year's annual meeting asked the Society to allow limited canvassing and to organise a hustings event.

One of the main changes recommended was that the Society should invite pharmaceutical publications to put up to three topical questions to each candidate and publish the answers at about the time the voting papers were mailed.

Each publication might ask different questions. The responses would be limited in length to ensure fairness and the editors would reserve the right to edit them.

Candidates would also be able to place an announcement in the official publications of pharmacy organisations other than the Society, giving details only of the candidate's name, place of residence, age and current connection with that organisation, plus a recent photograph.

The working group agreed there had been abuses of the election procedures in the past and recommended that every candidate should be required to sign a declaration agreeing to abide by the procedures.

The group acknowledged that a hustings event would give members a chance to hear the candidates' views, but attendance at such meetings had been low and they could be unfair to candidates who had to travel long distances.

The group decided that it would not be a cost-effective use of the Society's funds, but there should be no objection to outside organisations arranging such events, providing the relevant rules were followed and all candidates had an equal opportunity to present their views.

The group recommended that its proposals be implemented for three years and then reviewed.

Restrictions opposed Council agreed that the Society should continue to object to proposals that would restrict the pharmacist's ability to give a full professional service to animal owners.

The proposals are in draft

Regulations implementing an EC veterinary medicines Directive (90/676/EEC). They would restrict pharmacists' rights to repackage PML products into smaller sizes, to dilute them to more appropriate strengths and to mix them to make effective combinations.

The Agricultural and Veterinary Pharmacists Group Committee felt that, if pharmacists could not carry out these activities, then farmers and other untrained people would continue to do so.

These and other problems were to be discussed with the Veterinary Medicines Directorate on November 4.

PR on protocols In the run-up to the introduction of protocols on OTC medicine sales, the Society's public relations unit is hoping to increase public awareness about why pharmacists need to ask questions. Initially the campaign will mainly target local media but will focus on the national media with the approach of Pharmacy Awareness Week on June 19.

Dispensing protocols Members of a working group preparing recommendations on how advice should be given and targeted with dispensed medicines are: David Coleman (chairman), William Darling, Nicola Gray (member of the Community Pharmacists Group Committee), John Carr, Gordon Appelbe and a hospital pharmacist with experience in outpatient dispensing.

Late fee for exam Council agreed to seek an amendment to the Byelaws to incorporate a late-entry fee for registration exam candidates. Over 100 potential candidates had failed to apply, or made an incomplete application, by this year's closing date. All had had to be contacted, at considerable inconvenience. Council agreed to seek Privy Council's approval for a late-entry fee of £132 in 1995 (twice the proposed standard fee of £66). Council also agreed that candidates who failed to make a complete application four weeks before the exam should not be allowed to enter unless there were exceptional circumstances. **Exam passes** 120 candidates sat the October registration exam; 59 of the 102 UK pharmacy graduates passed the exam.

Cholesterol testing Council approved updated guidelines on cholesterol testing in pharmacies, which will be published in the next edition of 'Medicines, ethics and practice: A guide for pharmacists.'

NHS confidentiality Council's response to draft Department of Health guidance on 'Confidentiality, use and disclosure of personal health information' is to express concern about a proposed provision for the disclosure of patient health information for "wider health purposes". This could include a range of administrative purposes.

Regulation of homes Council agreed there was a need to emphasise standards of pharmaceutical care in the Society's response to Government proposals on the regulation of residential care homes, nursing homes and independent hospitals. Standards should be as high in residential homes as in nursing homes.

Patient packs A meeting on October 25 between the Society, the ABPI, the General Medical Services Committee, the British Generic Manufacturers Association and Department of Health, agreed to set up a steering committee to prepare for the introduction of patient pack prescribing once the Department had given its approval.

Topical NSAIDs The secretary and registrar has written to the Medicines Control Agency about inconsistencies between current and proposed indications for topical NSAIDs for pharmacy sale. The letter urged that, to avoid confusion, the licences for products covered by the latest POM to P proposals should be in line with the current indications for topical ibuprofen and the rubefacients.

Promoting agvet pharmacy The Agricultural and Veterinary Pharmacists Group Committee decided to set up a working group to look into ways of promoting ag and vet pharmacy.

AGM procedure Council approved draft rules of procedure for debate on motions put to the Society's annual meeting.

BPC 1996 The dates of the 1996 BP Conference in Glasgow have changed from September 9-12, 1996, to September 10-13.

Bucking the contract

Non-contract pharmacies have been described as leapfroppers by another name. Opposition to their existence centres around their use as satellite dispensing sites. But how widespread is the problem? Patrick Grice investigates

In the beginning, everyone was in business for themselves. Then, from 1948, they went into business with the NHS. Now the wheel has turned again, and non-contract pharmacies are in the news.

But how many are there? How are neighbouring pharmacies affected? And why does such a concept cause so much upset within the pharmaceutical establishment?

It is not the lack of an NHS contract that really causes the angst, but how such registered pharmacies are used. Although non-contract pharmacies provide local independents with unwelcome competition for over-the-counter business, it is their use as satellite dispensaries that has most pharmacy contractors spitting.

It is, of course, a problem limited to England and Wales. The practice was stamped out early on in Scotland with a minor change to regulations. The Pharmaceutical Services Negotiating Committee has been seeking a similar change ever since, but to no avail.

How many pharmacies are affected by satellite dispensing is unknown. One estimate puts the number of independents at 14 per cent, but this seems rather high in view of the figures given below.

The control of entry regulations, when introduced as part of the new contract in the mid-1980s, removed a great burden of uncertainty from the small pharmacy businessman. No longer could a competitor wipe out a business overnight.

Non-contract pharmacies, coupled with the Department of Health's intention to review the control of entry legislation, have reintroduced an unwelcome element of insecurity.

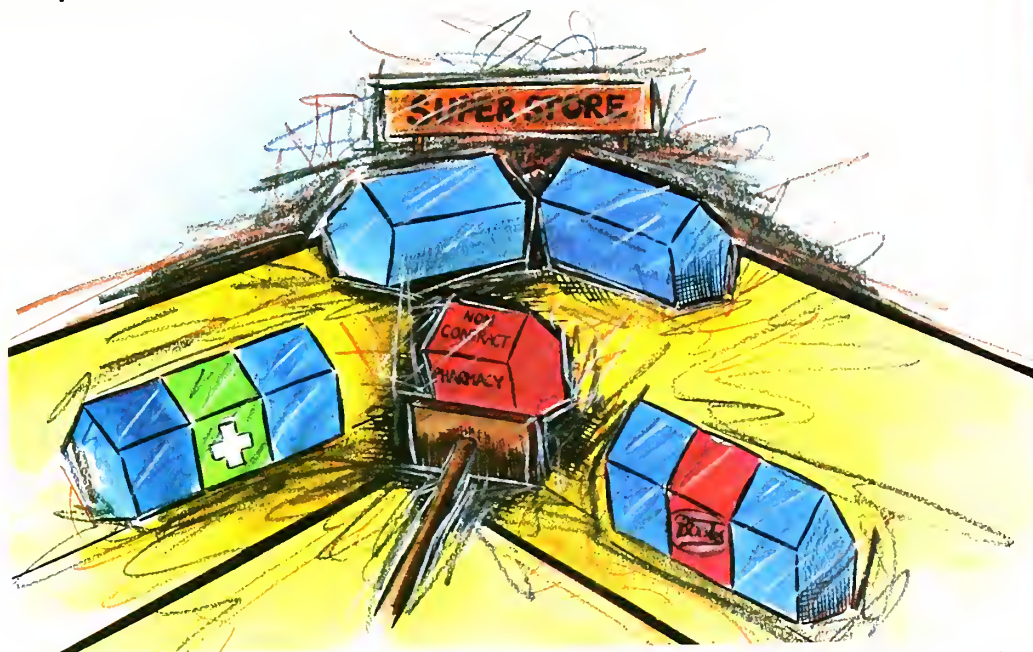
Quite how much longer the PSNC *et al* is going to have to wait to see the fruits of the Department's labours is anyone's guess. Under-secretary Melvyn Jeremiah said towards the end of 1993 that the proposals could be expected in spring, 1994. There has not been a squeak since then.

Where and what?

It is difficult to put a finger on the number and location of non-contract pharmacies. PSNC is currently seeking that information from LPCs.

Tesco superintendent pharmacist Mike Rudin says the company will always seek an NHS contract, either by application to the FHSAs or by buying out and relocating the nearest NHS contractor.

Boots has a similar policy, although managing director Gordon Hourston adds that the company will not pay over the odds for a contract.



In September, 1993, Boots announced a £75 million project to open up to 240 new small stores — with or without a contract — in targeted sites with a potential retail catchment of £6m or more.

Mr Hourston confirmed last week that the programme is on schedule. Fifty stores have opened this year, "about 30 of which do not have a contract". However, not all act as satellite dispensing sites. A further 50 will open in the coming 12 months.

To be added to these must be the eight non-contract outlets the company has opened in Sainsbury supermarkets. This has been something of an experiment for Boots, so will there be more? "Watch this space," is Mr Hourston's advice.

The attraction of opening new small stores was spelt out when the expansion plans were announced. They give the highest return on capital employed. That they can still be used as satellite dispensing sites in England and Wales is a bonus Boots may not have looked for.

At the beginning of October, Tesco had 33 non-contract pharmacies in-store out of the 83 it owns (an additional 26 are run as concessions).

There are plans to open a limited number of new pharmacies in larger stores — six will open in the next three to four months. "Where we feel the store is large enough to support a non-contract pharmacy, we would consider putting one in," says Mr Rudin.

Because of the relative geographical sparsity of its pharmacies, Tesco is only satellite dispensing from four sites — Camberley, Colchester, Chichester and Aylesbury.

Mr Rudin emphasises these are trial sites. "We are interested to see that the Government is doing nothing [about the faxing of scripts]."

Tesco pharmacies are opened with an eye to providing a more complete service for shoppers, and in some respects dispensing is secondary.

Such outlets more than break even. In a large superstore they do very well. "We are selling high-margin medicines available only from a pharmacy. NHS margins are reducing, so we have to look carefully at making the most of medicine sales," says Mr Rudin.

He argues that non-contract pharmacies do not hinder the objective of rational location. "The public benefits from having additional pharmacy services available, something over and above that which the Government has funded."

Like Boots, Tesco is unhappy with the control of entry regulations, although the company does not take the extreme view of wanting them abolished altogether.

"We would like to see a better interpretation of the regulations by FHSAs. Ten years ago populations shopped in town centres. That is no longer the case. We want the regulations rewritten to recognise where people are and where they shop," comments Mr Rudin.

Opposition lines up

Last year, the Royal Pharmaceutical Society Council supported a branch representatives' motion deploring satellite dispensing. It has since decided the faxing of scripts is not unethical. Many pharmacists find this

ambivalence incomprehensible.

PSNC is seeking a ministerial meeting on the non-contract issue. The Committee voted 20-1 at its last meeting to press for the strongest action. Unusually, the voting figures were made public, an indication of PSNC's strong views.

The National Pharmaceutical Association is also continuing its lobby. The NPA makes two points: the passing of scripts from non-contract to contract pharmacies undermines the intent of the control of entry regulations; it also encourages pharmacists to move scripts to contract pharmacies with script numbers bordering on the practice allowance threshold.

If the DoH wants to earn badly-needed goodwill, it has been handed this one on a plate. PSNC insists only secondary legislation is required, similar to that enacted in Scotland. So what's the difficulty?

Part of the problem is that the mandarins at the DoH cannot accept the argument that faxing prescriptions is wrong. It does not cost the Department extra money, there is no reduction in standards, and the patient, unaware of the politics, is satisfied.

This Government favours free market economics, so there is already a question mark over the political correctness of the existing control of entry regulations. Add in the current move in favour of deregulation and even a minor change in the rules looks unlikely.

The word from the DoH is that this is the case. And the longer the situation persists, the more internal dissention it will generate within community pharmacy.

Assault on margins rolls on

C&D's latest Business Trends quarterly report provides little good news for retail pharmacy

Margins have continued to take a battering and show no signs of improving, say the vast majority of pharmacists polled in C&D's latest Business Trends quarterly survey. The results were even worse than expected, hardly music to anyone's ears.

Some 93 per cent reported static or dropping margins in the quarter to September, a trend that was reflected across the UK, whatever type of shop. Smaller outlets, and those in Scotland seemed to be the worst hit.

This is the gloomiest result drawn from a postal questionnaire sent to 378 pharmacists asking them to record business trends in the third quarter and to predict sales up to Christmas.

If that was not enough, the report finds that over one-quarter of pharmacists have not had a pay rise in over two years. A third received a

rise in line with inflation, between one and three per cent, but a lucky few managed a rise of over 5 per cent.

A more detailed breakdown of business trends on topics ranging from prescription to stock volumes and staffing levels to sanpro sales is shown in the tables. A total of 192 pharmacists, mainly shop managers or proprietors, replied.

Scripts volume up

The UK seems to be a nation of ill people growing more ill, if figures for volumes of NHS prescriptions are anything to go by. Nearly half of pharmacists reported a boost in script volumes, while a third reported no change. This trend was particularly marked in group head shops, with turnovers of £350,000-£500,000, and Scottish pharmacies. And it was this part of the UK that was most optimistic about future script

volumes, a similar trend was expected in mid-sized shops.

Non-script sales

Sales of non-script items were static, as was the value of the average unit sale. This trend applied to all types of shop.

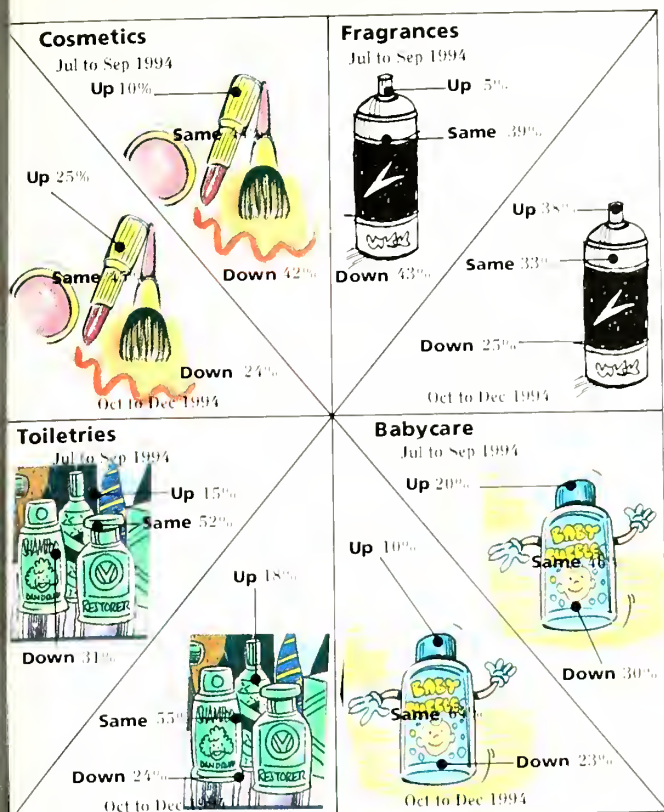
Only South West pharmacies were optimistic about future turnover and Welsh ones about higher average unit sales. Growth in the average unit sale over the next three months was anticipated by more pharmacists based in multiples than by independents.

Static stocks

While stock volume remained static across the board, surprisingly, its value increased for most pharmacies polled. Looking back, this surprise increase seems to occur on a seasonal basis.

The only blip in the figures was in Wales, whose shops reported higher volumes. Stock





value was more likely to increase in shops with a turnover lower than £350,000 and group head pharmacies. Optimism for the future seems to increase the further north you go. Pharmacies in the North West and Scotland

anticipated stock values increasing further by Christmas. A breakdown of sales by category shows that pharmacists have most confidence in over the counter

Continued on p796

Dressing/Surgical/Sanpro

Jul to Sep 1994

Up 17%

Same 67%

Down 14%



Oct to Dec 1994

Up 12%

Same 71%

Down 12%



Photoprocessing

Jul to Sep 1994

Up 41%

Same 35%

Down 20%



Oct to Dec 1994

Up 26%

Same 45%

Down 27%



OTC Medicines

Jul to Sep 1994

Up 43%

Same 42%

Down 13%



Oct to Dec 1994

Up 56%

Same 33%

Down 8%



Air quality is vitally important in operating theatres. That's why so many hospitals use true HEPA filtration - a technology which was first developed by the U.S. Atomic Energy Commission to clean the air of radioactive particles

room and a charcoal pre-filter to control smoke, odours and other gaseous compounds. Their unique design also ensures that the number of room air changes per hour required to effectively combat the symptoms of asthma and allergies is achieved.

He can't operate without clean air

Now Honeywell have built this technology into their Enviracaire portable air cleaning units. Which is good news for asthma and allergy sufferers. Enviracaire's HEPA filter media removes 99.97% of contaminants, such as cat allergen, bacteria, dust mites, viruses and pollen. Air quality is increased, allergic reactions reduced and life becomes far more comfortable. Honeywell Enviracaire air cleaners offer other advantages including a patented 360° airflow system for maximum cleaning of all the air in the



Neither can an asthmatic

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Honeywell

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Continued from p795

medicines and cold remedies to boost sales in the months to Christmas.

Product by product breakdown

Cosmetics Eighty-six per cent of respondents thought sales stayed static or dropped in the three months to September, the seasonal norm. But the market is expected to pick up in the run-up to Christmas. Branch shops seem to be the most optimistic in the short-term.

Fragrances Again, pharmacists are optimistic sales will pick up this quarter, especially those working in mid-sized shops or those in Wales.

Toiletries Sales of toiletries, however, were static, with no significant movement expected over coming months.

Babycare Just 20 per cent of respondents saw sales of baby products increasing last quarter. Most pharmacists thought sales would remain static until Christmas.

Dressings/surgical/sanpro Most pharmacists thought sales had stayed static or had dropped, a situation that is expected to continue in the short-term. However, if there was any sales growth, group head shops were most likely to see it.

Photo-processing There was good news for this sector in the last quarter with most respondents seeing an uplift in sales, especially in group head shops. That optimism, however, is expected to wane.

OTC medicines Eighty-five per cent of respondents recorded level or rising sales, a figure that is set to rise in the run-up to Christmas. Most optimistic about the future are independents and group head shops, or those in the South East.

Cold remedies Sixty per cent of pharmacists are expecting sales to increase before the festive season, especially independents and Welsh pharmacies. The North sold fewer cold remedies than the rest of the country.

Analgesics Most pharmacists reported static or increasing sales, a trend that is set to continue in the short-term. Group branch shops were most optimistic.

Indigestion/stomach upsets Level sales reported and expected.

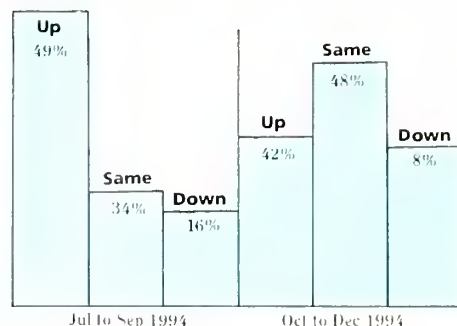
Vitamins Sales were more likely to be static than increasing, but there is slightly more optimism for the future. Shops with a turnover of more than £1 million were looking forward most to better sales.

Jobs, training and prospects

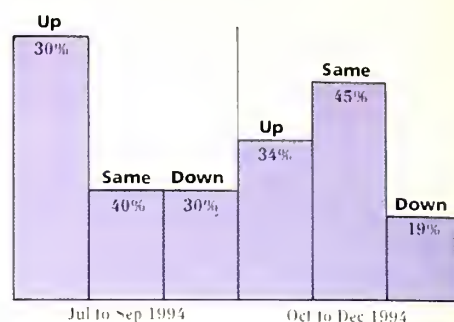
Static job numbers characterised the quarter, as expected, and will not change next quarter, say most pharmacists. However, the North West and South West are slightly more likely to shed staff in the near future, as are shops with turnovers over £1 million and group branches.

Of those pharmacists still with jobs, most had undergone

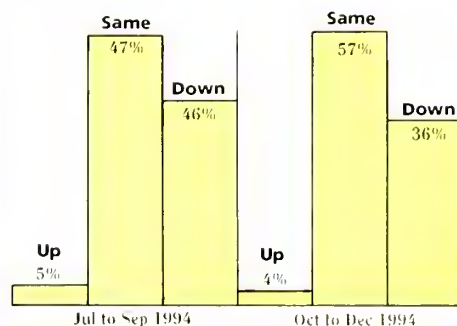
Volume of NHS prescriptions



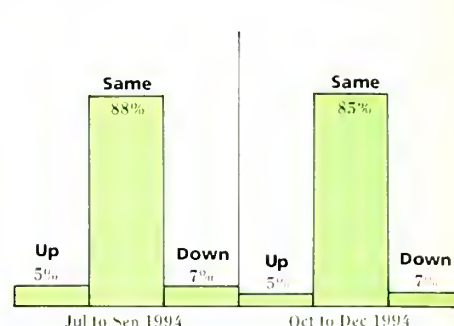
Sales (excl. NHS prescriptions)



Margins

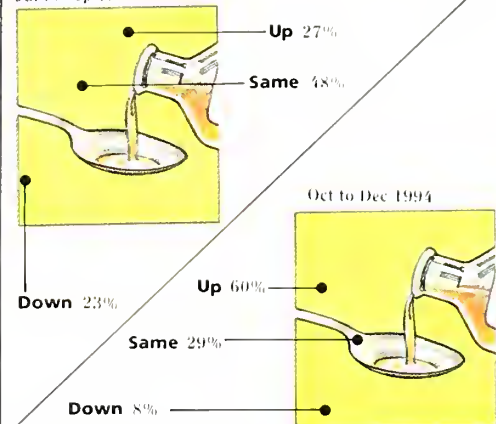


Number of people employed



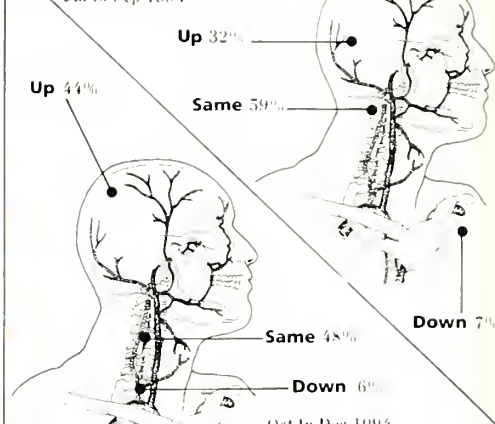
Cold remedies

Jul to Sep 1994



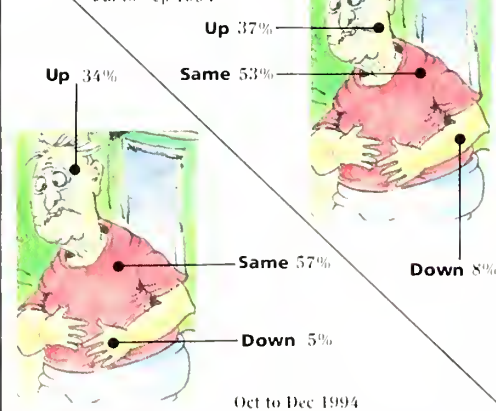
Analgesics

Jul to Sep 1994



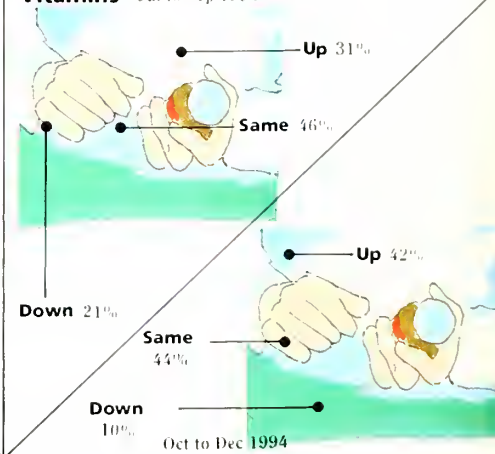
Indigestion/Stomach upsets

Jul to Sep 1994



Vitamins

Jul to Sep 1994



some form of training in the past three months. Product training was the most common (50 per cent), with business skills and personal development taking an even split, a trend that is expected to continue in the next three months.

Considering product training was the most common form, it

comes as no surprise that suppliers were more likely to offer training than employers or a training company. Pharmacists were over twice as likely to be trained by a supplier than by anyone else.

More pharmacists are more optimistic about their own business in the next six months

than about the state of retail pharmacy or the retail sector in general.

Scottish pharmacists are looking particularly cheery, while their Midlands counterparts are hiding their heads in their hands with almost half predicting a sorry six months.

Boots' small stores opening at 50 a year

Boots the Chemists' small store programme is on target, with 50 new outlets opened last year — some 30 without an NHS contract — and another 50 scheduled in the next 12 months.

Last September, Boots announced it had targeted 240 sites with a potential retail catchment of £6 million or more.

Boots' managing director, Gordon Hourston, also revealed last week that the company now has a 12.3 per cent slice of the NHS prescription business and services around 5,000 residential homes, approximately 25 per cent of the market.

Over 6 million people have registered with the Medilink national patient medication record system and it is used by almost 10,000 customers a week, the company claims.

Announcing its half-year results last week, the Boots Company gave no indication of the fate of its pharmaceutical division, which has been the subject of a 16-month internal review following the withdrawal of Manoplax last year.

Chairman Sir Michael Angus said: "The review continues and is closer to a solution, but I can tell you no more than that." This has failed to stop further speculation

about the division's fate.

Pundits see disposal of the division as the most likely option, given that the group has issued a sales memorandum and hired financial advisers Credit Suisse First Boston.

Newspaper reports this week suggest a management buyout or a sale to BASF subsidiary Knoll for around £900m are imminent, with a decision being made on Thursday.

Apart from research facilities in Nottingham, the division also has a sales operation in the UK and a North American distribution network.

Interest in the division has also been shown by Zeneca, Medeva and Menarini of Italy.

Chief executive Sir James Blyth has said the company will look at ways of giving money back to shareholders. Last week, he also indicated that Boots would be interested in acquiring an OTC business in Germany where the company is under-represented.

"We would be very much more cautious about overseas retail acquisitions," he added.

Another strong performance from Boots the Chemists underpinned overall results. The company now has 1,154 outlets (large stores 226, small stores

920, photocentres 8).

Sales in the six months to the end of September rose 5.1 per cent to £1,369.8m partly because of new stores. The core businesses of healthcare, beauty and personal care saw increases of almost 9 per cent, while dispensing sales were up 11 per cent, but at lower margins. Profits at £144.6m increased by 9 per cent.

NPD investment

Overall gross margin was flat in the first half, reported Sir James, due to declining gross margin on NHS dispensing, and increased investment in product development in beauty and personal care. NHS margins are around half the level elsewhere in the business.

The approaching Christmas period now represents over 35 per cent of profits. "All the evidence is that customers are still being cautious and seeking value. Christmas is going to be a tough challenge for retailers," predicted Sir James.

Certain businesses from the pharmaceuticals division were transferred to Boots Healthcare International in April, so figures from 1993-94 have been restated. Sales at £228.1m were up 5.8 per cent and profits at £49.8m were

up by 70.5 per cent, even before the Manoplax exceptional write-off. This is largely due to a 23 per cent increase in sales of Synthroid. Licence income, which last year was in "its early teens", is down to £2m this year. Licensors are holding back because of uncertainty over the division's future.

Sibutramine, an anti-obesity drug, is nearing the end of phase 3 clinical trials. Regulatory approval in the UK and other European markets will be sought early next year, and a submission made to the FDA later on next year.

Boots' other retail operations continue to show mixed results. Boots Opticians and Halfords are in profit, while Childrens World, AG Stanley and Do It All continue to post losses.

For the Boots Company as a whole, turnover increased by 2.8 per cent to £2,042m, and profits before tax were up from £174.6m to £289.7m. This is boosted by £47.8m from the disposal of the Farley's business, and distorted by last year's £35m write-off on Manoplax.

The interim dividend was increased to 5.35p (4.9p) and earnings per share rose to 20.2p (11.5p).



Eric and Jill Fairbrother of Fylde Pharmacies, Blackpool sign on the dotted line for shares in the new industrial and provident society version of Numark at the first roadshow — November 7 in Chester — witnessed by managing director Terry Norris. Almost 200 pharmacies have signed up so far

Numark signs up 190 pharmacists in first ten days

Numark managing director Terry Norris says 190 pharmacies have bought shares in the proposed retailer-owned industrial and provident society after just two of the proposed 20 road shows.

Inquiries from non-members are said to be coming in at the rate of 80 to 120 per day, following the mailing of a summary prospectus at the end of October.

With just two road shows at Chester and Bradford under his belt as C&D closed for press, and with 18 to go by December 6, Mr Norris says he is very pleased with results so far. "All we ask is that pharmacists take the opportunity to talk to us face to face — that will help enormously."

Pharmacists reading this issue will have 30 Numark share-shopping days left. The offer closes on December 10 with a minimum of 800 shareholders required to fund the wholesaler buyout and launch the operation.

• Mr Norris says discussions are under way between Numark Ltd and Lloyds Chemist plc to settle the counter-claim from John Hamilton (following Lloyds' takeover of that company with then unpaid invoices of £106,893) for damages of £36,943 and the sum of £24,009 alleged to be due. Numark lawyers believe there is a strong defence for £45,952 and so a provision of £15,000 has been set aside (see section 8, p34 of the offer document).

Superdrug to expand?

Superdrug has embarked on a recruitment drive for pharmacists and pharmacy managers nationwide.

The company is advertising for pharmacists to fill positions in Yorkshire, Essex, London and 'locations UK-wide'.

The ad says that Superdrug is "positioning themselves once more to develop into a challenging market area", but the company was unable to comment before C&D went to press.

Superdrug has already advertised for a senior pharmacist to oversee a chain of in-store pharmacies (C&D June 18, p1065).

The company currently has four in-store pharmacies.

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Seton sets off on acquisition trail with £28.5m rights issue

Seton Healthcare hopes to trigger a stream of acquisitions with a rights issue set to raise £28.5 million.

First on the shopping list are the remaining Napp Laboratories' consumer products, which have been on the market for some time (C&D September 10, p412) and have a £13.8m price tag. Late last year, Seton bought five Napp brands (C&D December 18/25, 1993, p1106).

As long as the rights issue goes to plan and acquisition of the Napp brands is agreed by Seton's shareholders, the transfer should go ahead by November 22. Shareholders will have their say at an extraordinary general meeting on November 21.

The one for three rights issue of up to 10,433,183 new ordinary

shares is priced at 285p a share, and is set to raise £28.5m net. It is being underwritten by Morgan Grenfell with Beeson Gregory and de Zoete & Bevan as brokers.

If the Napp deal is approved, Seton will take on board five head lice treatments — Prioderm, Derbac, Full Marks, Carylderm and Suleo — as well as Paramol, J Collis Browne's, Audax, Crampex, Windcheaters and Comploment.

Total sales of these brands were £5.5m in the year to December 31, the UK accounting for £5m of that and Eire for £400,000.

The head lice products are responsible for 60 per cent of the sector's sales in the UK or approximately £4.8m at rsp. One of the Derbac products is also used to treat scabies, a growth market, says Seton.

UK sales of Paramol were about £2m last year, and future performance will take a part in the asking price. If sales under the new owner top £10m in five years, Seton will also pay royalties at 3 per cent on the extra turnover.

Audax, Crampax, Comploment and Windcheaters had combined annual sales of nearly £1.5m, while J Collis Browne's diarrhoea treatment sold approximately £1.5m.

Seton plans to acquire further rights to the antiseptic Betadine, following an initial deal in 1992. It is acquiring the goodwill, manufacturing and distribution rights in the UK and Eire for £5m cash. Seton will also continue receiving technical support from the previous owner, Ladenburg, for 2 per cent royalties on annual sales until 2002.

Also announced on the same day was the acquisition of Brevet Hospital Products (UK) Ltd, a manufacturer and supplier of support hosiery, for £5.8m, comprising £1.5m cash, £3.3m in 7 per cent secured loan notes and £1m in Seton shares. Brevet's sales in the year to March 31 were £2.4m.

• Sales in Seton's healthcare division rose 16.6 per cent in the six months to August 31, while pre-tax profit was up 35 per cent.

Sales to UK pharmacy increased by 38 per cent, partly because of a busy year on the acquisitions trail — six brands moved over from Smithkline Beecham, Medised from Macarthy's and Asilone from Crookes. These brands contributed £1.4m sales in the half year.

Zeneca favours joint healthcare ventures in US

Zeneca is looking to set up joint ventures with US healthcare companies rather than undertaking a big-budget acquisition deal.

The company anticipates an investment of between \$200 million and \$300m and has had preliminary talks with health management organisations; it expects to clinch a deal in the next few months.

Zeneca believes a joint venture would give them a foothold in the US healthcare market, but would

still free enough capital to invest in other initiatives.

Stuart Disease Management has already been set up by Zeneca in the US. Unlike HMOs, it uses patient outcome data and a holistic approach to disease management, such as non-drug treatment.

Zeneca intends to use a capitation system when it links up with HMOs. This involves a flat fee for treatment per head of population rather than per treatment.

Beecham cements deals and starts to slim

Last week Smithkline Beecham completed the sale of the Sterling Winthrop North American OTC business to Bayer, while at home, the company has started to shed top executives.

Sterling European president Colston Herbert has now left the company. *Chemist & Druggist* understands that other senior Sterling executives based in the US are no longer with the company.

Smithkline's marketing manager David Crow, the executive responsible for the UK launch of Tagamet 100 earlier this year, has left the company to further his career in the Far East. Steve Jegier has taken over from Mr Crow.

• In its interim result to September 30, SB put aside £500 million to cover the costs of integrating and restructuring acquired businesses.

C&D Directory out now

Chemist & Druggist's Directory 1995 for the UK pharmaceutical industry is now available.

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In the City

Pharmaceutical shares have shrugged off turbulent market conditions to post significant gains in recent weeks. The sector has outperformed the London stockmarket by about 7 per cent in the past month despite a weak dollar which depresses profits from the US on translation into sterling.

The robust performance, led by Glaxo, has been due to a high level of takeover activity in the US. Glaxo shares have outperformed the market by about 2 per cent, amid continuing speculation that it was lining up a major acquisition in the US or UK. The company has just obtained approval from the US Food and Drug Administration to market Flonase nasal spray, sold as Flixonase in many countries. It could be on the shelves by January, 1995.

Shares in Boots have raced ahead this week on speculation that it was close to selling its pharmaceutical division for about £900 million. Analysts were expecting the move to be announced on Thursday. The two contenders are thought to be a management buy-out team and German chemicals giant BASF, with the latter regarded as the most likely buyer.

Smithkline Beecham has marked time, but is coming into the limelight following the completion of its \$3 billion purchase of Sterling Winthrop from Eastman Kodak. Goldman Sachs, the influential US securities firm, this week upgraded its profits forecast for the company by £100m to £1.24bn for 1994. In a keynote circular, the firm says that Smithkline — together with Zeneca — remains its favourite stocks in the UK drugs sector. In contrast, Goldman expects Wellcome to underperform the market due to doubts about the growth potential of Zovirax.

Meanwhile, some US investors have been jolted by news of legal action started by some independent pharmacies alleging drug companies were overcharging for products compared with prices paid by hospitals and healthcare organisations. Lawsuits have been filed in 15 states and name most blue-chip drug companies including Glaxo and SB.

Lloyds has been buoyed by better than expected results, with taxable profits up from £50-£58m. Kleinwort Benson has raised the shares from a 'hold' to a trading buy. It says that the company is showing a "more measured approach to acquisitions and organic expansion".

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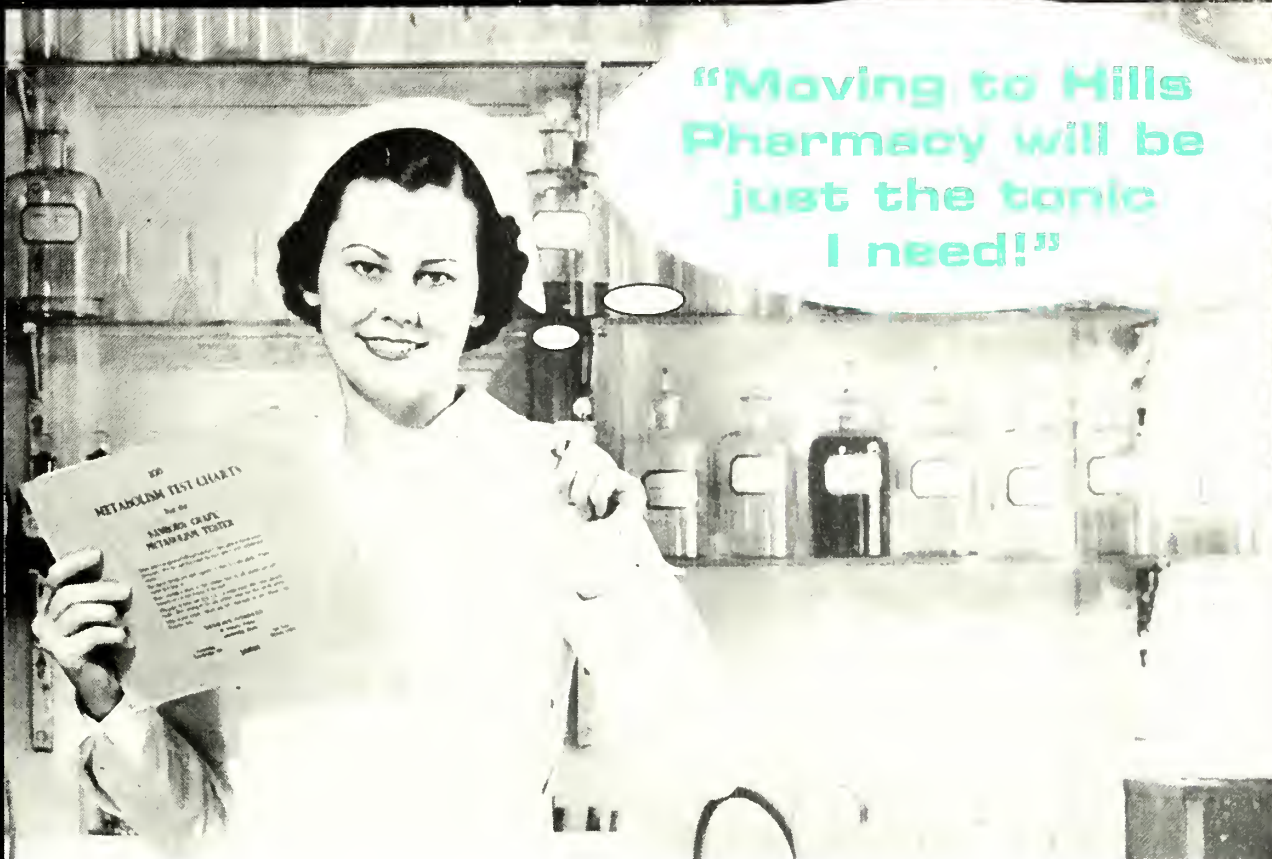
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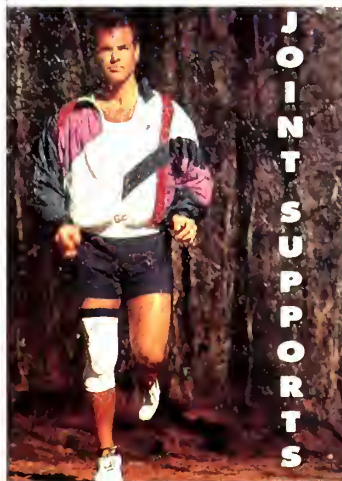
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Aboutpeople

Josselyn Hill honoured

The Royal Pharmaceutical Society's president, Ann Lewis, last week presented the Society's solicitor, Josselyn Hill, with a certificate of honorary membership of the RPSGB.

Last February, Mr Hill celebrated 20 years of presenting cases to the Statutory Committee on behalf of the Society's Council. During that time there have been five chairmen and 16 members of the Committee, and Mr Hill has presented about 1,000 cases.

He followed a family tradition.

His father was a senior partner of Walker Martineau, with whom Mr Hill was articled from 1955 to 1959.

He became a partner in 1963 and a senior partner in 1990.

Mr Hill specialises in disciplinary work for professional bodies and has acted for charitable trusts too over many years.

• William Rucker has accepted Council's invitation to serve on the Royal Society's Pharmaceutical Statutory Committee for a further five years.

Plymouth pharmacists 'rock' against drugs

Three Plymouth pharmacists recently teamed up with a local school to co-sponsor a rock concert against drugs.

A £25 donation from each of the three pharmacists, David Stolton of Stolton's Pharmacy, Plymouth; Ian Briggs of Briggs Chemist; and Ian Scott of Williams Chemists (South-Western), both of Torpoint, secured the efforts of local band The Barracudas to front a 'Rock

Against Drugs' evening.

Torpoint Community School matched their donation.

As well as providing entertainment, the event aimed to bring home the dangers of drugs to the 100 12-16-year-olds who attended through conducting quizzes and questionnaires.

It was so successful, says Mr Stolton, that the youngsters "did not all disappear when the music stopped".

Coming Events

CPP study day in York

The College of Pharmacy Practice is holding a study day on 'Benchmarking for Best Practice' on November 20 at Fairfield Manor Hotel, near York.

David Morgan, director of pharmaceutical public health at Clwyd Health Authority, will

chair the study day and there will be speakers from the NHS Benchmarking Reference Centre and the University Hospital of Wales and the University of Keele.

Tickets are £40 (£30 for college members) and are available from Jill Ross at CPP, tel: 0203 692400.

Monday, November 14

Hertford Branch, RPSGB, at Postgraduate Centre, QEII Hospital, Welwyn Garden City, 7.30 for 8pm. 'Erectile dysfunction — background and treatment' by John Pryor.

Ogwr Branch, RPSGB, at St Mary's Golf Club Conservatory, The Star of Bethlehem, 8pm (buffet). 'Aromatherapy and hypnotherapy' by a local speaker.

Tuesday, November 15

Leicestershire Branch, RPSGB, at Post Graduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. 'Ethics of POMs to Ps and OTC protocols' by Dr Alison Blenkinsopp.

Wednesday, November 16

Slough Branch, RPSGB, at Training

Education & Development Centre, King Edward VII Hospital, Windsor, 7.15 for 8pm (buffet). 'Osteoporosis — hype or epidemic?' by Dr Laurence Sandler.

Thursday, November 17

Bedfordshire Branch, RPSGB, at Silsoe Conference Centre, Silsoe College, Silsoe. 'Plastic surgery' by P Maheffey.

Dundee & Eastern Scottish Branch and Fife Branch, RPSGB, at Fernie Castle Hotel, 8pm (buffet). 'Current pharmaceutical issues' by Ian Caldwell.

Dudley & Stourbridge Branch, RPSGB, at the Medical Services Centre, Corbett Hospital, Stourbridge, 7.30 for 8pm. Dennis Burkett Memorial Lecture on peptic ulcers by Professor Langman.



Barry Shooter with wife Lesley celebrating a double Silver Anniversary

Shooter celebrates 25 years

Barry Shooter and his wife Lesley are celebrating a 25-year partnership in marriage and business this year.

Mr Shooter and his wife, who is a psychotherapist, are joint directors of Barry Shooter Pharmacies, Essex. They set up their first pharmacy in Hornchurch back in 1969, a few weeks after getting married. "We didn't even have much of a honeymoon at the time because of the business," says Mr Shooter.

The small company has several long-standing staff. Assistants Pat Pye and Susan Brown have notched up 21 years and 17 years of service each, while pharmac-

ists Gary Boorman and Jayanti Dattani have 18 and 16 years behind them.

There are now three additional pharmacies in Hainault, Chadwell Heath and Chigwell employing around 50 people.

As part of the celebrations Mr Shooter has commissioned specially-made sweets bearing the business name to give to customers. A party has also been organised for his staff at the local hall.

"I've always run the business as a family business with friendly staff to give customers a service with a personal touch," says Mr Shooter.



Bayer's pharmaceutical division has forged a five-year link-up with the department of medical microbiology at the University of Edinburgh, creating the new post of Donagk lecturer. Dr Christopher Thomson, who specialises in antimicrobial chemotherapy, takes up the position working closely with Professor Sebastian Amyes. Pictured (l-r) are Glenn Tillotson, scientific relations specialist for Bayer UK; Dr Thomson; and Professor Christopher Edwards, dean of faculty of medicine, University of Edinburgh

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*Source: Nielsen

Abbreviated product information. Presentation: Orange liquid and orange film coated tablets. **Active ingredients:** Liquid Each 20ml contains: Diphenhydramine hydrochloride Ph. Eur. 12.5mg, Paracetamol Ph. Eur. 1000mg, Pseudoephedrine hydrochloride BP 45mg. **Tablets:** Each tablet contains: Diphenhydramine hydrochloride Ph. Eur. 12.5mg, Paracetamol Ph. Eur. 1000mg, Pseudoephedrine hydrochloride BP 22.5mg. **Indications:** For the relief of symptoms associated with colds and flu, including coughing, fever, headaches, muscular aches and pains and congestion. **Recommended dosage:** The following doses are given four times a day. **Liquid:** Adults, the elderly and children over 12 years: one 20ml dose. Children 6-12 years: one 10ml dose. Children under 6 years: not recommended. **Tablets:** Adults, the elderly and children over 12 years: Two tablets. Children 6-12 years: one tablet. Children under 6 years: not recommended. **Warnings:** Not to be taken by patients suffering from severe hypertension or severe hyperthyroidism or in patients with known hypersensitivity to any of the active ingredients. Use with caution in pregnancy and lactation, cardiovascular disease, hypertension, liver disease, prostatic hypertrophy, renal disease, glaucoma or diabetes. Contains paracetamol - do not exceed the maximum stated dose. Patients should avoid any other product containing paracetamol whilst taking these medicines. The products may cause drowsiness. It affected do not drive or operate machinery. Avoid alcoholic drinks. Patients on MAOI therapy should avoid these products. Side effects are uncommon but may include skin rash, nausea, headache, dizziness, sedation, tachycardia and insomnia. **Product Licence Numbers:** Liquid 0018/0210. Tablets 0018/0209. **PL Holder:** Parke, Davis & Company. Distributed by Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. **RSP (Exc VAT):** Liquid 200ml: £3.23. Tablets 24: £2.89. **Legal Category:** P - Pharmacy Only. **Date of preparation:** 12/8/94.

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